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GHANAIAN TRADITIONAL CONCEPTS OF
DISEASE AND MEDICAL PRACTICES

VICTOR L. PAPPOE

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GHANAIAIAN TRADITIONAL CONCEPTS OF
DISEASE AND MEDICAL PRACTICES

by

Victor L. Pappoe

A Dissertation
Submitted to the
Department of Psychiatry
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Victor L. Pappoe

To Yaa Ayiwa and Sigi

TABLE OF CONTENTS

CHAPTER	PAGE
ACKNOWLEDGEMENTS.....	i
FORWARD	1
I NANA OPAREBEA, FETISH PRIESTESS AT THE AKONEDI SHRINE.....	5
II LITERATURE REVIEW	11
III MYTHICAL THOUGHT	30
IV GHANAIAAN RELIGION AND CONCEPTS OF HEALTH AND DISEASE	42
V THE CHANGING PICTURE OF TRADITIONAL MEDICINE.....	65
VI SURVEY ON GHANAIAAN BELIEFS AND CONCEPTS OF DISEASE; AND ATTITUDES TOWARDS TRADITIONAL VERSUS ORTHODOX MEDICINE	80
SUMMARY	98
APPENDIX I: QUESTIONS ASKED DURING INTERVIEW WITH TRADITIONAL HEALERS	100
APPENDIX II: TABLES OF RESULTS FROM QUESTIONNAIRE	103
BIBLIOGRAPHY	128

FORWARD

Disease is older than man. It is one of the fundamental and vital problems which face every society; and every known society develops methods to deal with it and thereby creates a medicine. The attitude towards disease and the methods of fighting it vary enormously from civilization to civilization. As we shall see this is particularly true with respect to 'primitive' medicine (the word primitive is used here and later on to refer to the preliterate peoples of the world, without implying in the least that these people represent evolutionary stages of Western civilization). The literature on 'primitive' medicine consists of monographs and treatises, which represent at best a collection of isolated facts about different people living in different areas of the world. Attempts to put these unrelated facts together into some form of evolutionary scheme, have given rise to a highly unreal picture of 'primitive' medicine; a kind of 'anthropological Frankenstein' as Ruth Benedict calls it (1).

It has now been generally recognized that the significant unit of cultural anthropology is the single culture and the cultural pattern of the respective tribes and not a single institution within it (2). It is neither the mechanical addition of laws, arts, religions, etc. which make the culture nor the mere summation of the data concerning all laws, of all religions of preliterate tribes

help to understand these institutions or the cultures in which they belong. It is thus almost a hopeless task to try and evaluate the concepts of health and disease and therapeutic methods of one primitive tribe while disregarding its cultural background or to explain the general phenomenon of Ghanaian traditional medicine by just enumerating that the Ghanaian traditional healers use spells, prayers, blood letting, drugs, medicines, etc. What is important is not the form of medicine but the part it plays in the life of the people, the way in which it merges with other traits from different fields of experience.

One aspect of primitive medicine which has probably contributed to the false notion that all primitive medicines are identical (3) is their strong reliance on the supernatural and the magical. Disease and death are not explained as due to natural causes, rather there is an insistence on supernatural agents being responsible. As we shall see this is because of the mythical form of thinking which pervades these preliterate areas of the world. The magic is not unique to medicine rather it affects every aspect of life. It is the mythical form of thought which is similar among primitive people and not their medicines.

Attitudes towards disease vary from place to place, e.g. the Navajos are said to spend up to one third of their productive time in religious ceremonies most of which is concerned with disease. Other primitive societies seem to

care very little about disease e.g. the Iatmul, the Cheyenne and people of Dahomey (4). The differences between primitive medicines are much less differences in 'elements' (they have a lot in common i.e. supernatural and magic) than differences in the medical pattern which is built up, and which is conditioned fundamentally by the culture.

This paper deals with Ghanaian concepts of disease and health practices. This project was undertaken in the summer of 1972 (June - August). The most reputable traditional healers in the Accra - Nsawam, Akwapim and Larteh areas were interviewed. A total of twelve healers were visited:- four fetish priests, six herbalists, and two bone setters. The types of questions that were asked can be found in appendix I. In order to make the Ghanaian concepts of health and illness and the medical practices understandable, I will attempt to explain in chapter three, what is involved in mythical thinking in general. I will then apply these notions to certain aspects of the traditional Ghanaian life, rather than merely describing the healers and what they do.

To supplement the information I gathered from the various healers I administered a questionnaire to a section of the population to find out what their own concepts of disease is and if it differed in anyway from the concepts held by the medicine men. The questionnaire also sought the attitudes of these Ghanaians towards the various kinds of health care available to them (i.e. native and orthodox).

The results are presented in chapter six.

The African has until recently been considered an inferior being by some Westerners who came in contact with him. His personality has been described as pathological; so has many institutions within the African culture. This is particularly true with respect to African healers and their medicine. In order to demonstrate this misconception and also some errors that were committed in gathering information about the African, I will present and criticize in chapter two some papers selected from the psychiatric literature on Sub-Sahara Africa.

FOOT NOTES

1. Benedict, Ruth. 1934. Patterns of Culture. Houghton Mifflin. Boston. pp 29.
2. Levy-Bruhl, Lucien. 1926. How Natives Think. New York. pp 27.
3. Garrison, F. H. 1929. An Introduction to the History of Medicine. Philadelphia.
4. Ackerknecht, E. H. 1971. Medicine and Ethnology. Selected Essays. Edited by H. H. Wassler and H. M. Koelbing. Huber Bern, Switzerland. pp 18.

CHAPTER I

NANA OPAREBEA, FETISH PRIESTESS AT THE AKONEDI SHRINE

Several hundred years ago, the people of Ghana had numerous native healers who catered to their health problems. They had healing shrines, some of which have survived to this day. I visited some of the well known healing shrines for this project. The following is an account of how the Akonedi shrine at Larteh came into existence (1).

"According to legend, several years ago there was a young pretty woman in Larteh. Her name was Akua Nedi. She was amazingly beautiful and people travelled from far off villages to see her beauty. She won the envy of all the women of Larteh village. She became pregnant and for over two years did not bear a child. She then became a matter of public ridicule. People sang songs about her unfortunate plight and did not show any sympathy towards her. Akua Nedi became more and more worried as the months passed by and she did not go into labor. Finally things became unbearable for her. One fine afternoon, she dressed up in her best clothes, put on her finest jewelry and disappeared into the forest. After she had been gone for several hours, the village folk became worried that she had not returned and set out looking for her. They found her sitting on top of a small hill with her legs burried in the ground. When the townfolk saw her they rushed to her and asked her why she

was all by herself in the forest. As soon as they asked, she disappeared into the hill. She then became a goddess ("Bosom" or "Dzemawon"), henceforth able to give power to cure the sick to her priests and priestesses.

There has always been one priest or priestess at any-time who carries out the work of Akonedi and when he or she has served his or her term, the spirit of Akonedi enters another person who takes over the duties. At this time the old priestess or priest dies. The presently reigning priestess, Nana Oparebea, was three months old when the spirit descended upon her. Her mother died immediately after that. She was then brought to the shrine and cared for until she became old enough to assume her role.

According to Nana Oparebea she did not study herb-lore or any form of therapy. She believes she received a gift of God in the form of Akonedi's spirit which resides with her all the time and enables her to make diagnoses and also to prescribe the correct remedies.

Nana Oparebea has several methods of diagnosing what her patients problems are:- she either looks into the patient's eyes and palms or into a bowl of water. If after all this she is still not sure she puts it off to one of the times when the spirit of Akonedi descends upon her in full force. This happens once or twice a week. There is drumming and dancing for herself and the girls who wait on her". The drumming and dancing is a common aspect of all

fetish priests.

The following is Nana Oparebea, the high priestess of Akonedi's account of the causes of two most common problems that traditional healers in Ghana are called upon to treat viz. madness and barrenness:-

"There are three types of madness that afflict human beings. With the first kind the person is wild and is seen brandishing cutlasses around. These people are violent and dangerous usually to other people. They are for the most part amnesic during these explosive moments. The second type is called 'wise-madness'; this madman even though he is destructive is not a threat to life. He destroys people's property. His brain and thinking are in good shape. The third is 'stupid madness', where the madman is seen as terribly stupid. These ones rip the clothes off of their bodies, smear themselves in their feces and urine without any feeling of disgust. This last group is usually due to curses. For example you (me the interviewer) can be made raving mad in just a few minutes by rubbing special medicine on your lips Nobody inherits madness. It is a sickness that is acquired

in this world. That is some people by their waywardness ask for trouble upon themselves. They might run after other people's wives, steal or try to work bad 'juju' on others and have it backfire. They might take something from someone who is able to put a curse on them for the rest of their lives. The madness could also mean that the person's susuma is unhappy, and until it is satisfied the person remains sick. It is only when the individual is brought to me that I am able to be certain what specifically is causing the madness.

With regard to barrenness I see a lot of people with that complaint. When they come to me I am able to determine which ones will be able to have children and which won't The reasons for the infertility varies; in some cases it is caused by disease and after the disease has been cured they may or may not be able to have children. It depends on how much damage the disease has done to the womb. There are other people who when leaving to come to this world were not destined to have children and these women do not have wombs

for carrying a baby and for these unfortunate ones nothing can be done.

Some of the diseases that can affect the womb are (i) "babaso" (gonorrhea). We have a means of treating it and getting rid of all the pus. (ii) the womb might be full of worms, as such a baby cannot be carried in it, (iii) or a witch can take hold of someone's womb and prevent her from becoming pregnant Yes men can also be infertile. I have treated quite a few of them too. Their problem could also be due to 'babaso' or to alcoholism or due to a curse."

Nana Oparebea represents the old and purely supernaturalistic approach to disease in Ghana. Her rituals and medical practices rely heavily on the mythical images which the worshippers of Akonedí have set up, which reflects the Ghanaian mythical form of thinking in general.

It is these myths and magical practices which the Europeans who worked in similar areas of Africa were confronted with and which they failed to understand and consequently led them to erroneous conclusions regarding the African personality and culture.

FOOT NOTES

1. The information was obtained from several different people in the Larteh area.

CHAPTER II

LITERATURE REVIEW

The Ghanaian traditional concept of health and disease and therefore medical practice, stems from the general beliefs and customs about man and the world and the forces which govern man's interaction with other men and with his environment. The subject of African traditional beliefs has certain complex features that do not readily lend themselves to simple analysis and interpretation. The basis for thinking and behavior in an African traditional society are not logically formulated ideas, but as will be shown in a discussion on mythical thought, are emotions which accompany and color ideas.

One quite obvious aspect of the African traditional life which never escapes notice of foreign observers is the manifestation within the culture of an intensely realized perception of supernatural presence and an almost fanatical faith in the magic of certain symbols to produce certain results. Most have attempted to describe the mythologies of these African cultures without understanding what is involved in mythical thinking. This ignorance has led to a succession of methodologically unsound, pseudo-sophisticated, semi-racist, condescending reports which will be discussed in reviewing the literature. It is hoped that such an understanding will throw a considerably different

light on some of the ideas about health and disease and medical practices to be discussed later.

The study of conceptions of health and disease of primitive peoples is a comparatively new field of medical research. Furthermore our knowledge of the so called primitive cultures which could have thrown considerable light on the subject has been greatly hampered, not so much by ignorance of these cultures, but by knowing so much that is not true. The literature is extremely inadequate, consisting of monographs and treatises. This problem is worse in terms of Africa, where in some cases the conclusions were built on the treacherous sands of unscientific methodology. These accounts, given by modern exponents on the subject of race and disease with respect to Africa, are on the one hand but glorified "pseudoscientific" anecdotes with obvious racial bias (Laubscher, 1937; Schottky, 1937; and Carothers, 1951) and are on the other hand abridged encyclopedias of misleading information and ingenious systems of working hypotheses, containing so many inconsistencies and giving rise to so many unanswerable questions, that they cannot be seriously considered as observations of scientific merit (Devereux, 1939; Carothers, 1953).

African personality in general was considered psychopathological by many of the earlier workers in the field of mental illness in Africa, thus one is forced to review

some of the work in this area. Besides most of the work pertaining to African conception of health and disease have been done by psychiatrists or ethnopsychiatrists; and as we shall see the fallacies about African psychiatric illness advanced by these workers, reflected a general misconception of African thinking and way of life, held by Europeans.

Most of these studies have investigated mental illness among the so called primitive people of Africa. This fondness for mental illness as opposed to illness in general is frequently based on a condescending voyeurism into the 'mind of the savage'. But this is not suprising since much research into mental illness in Western countries suffers from a similar 'mystical voyeurism', except in Western clinics it is called 'understanding the unconscious'. Thus it can be said that Western researchers, having opted to study African mental illness, have perpetrated many of the same errors and deficiencies that have long existed in Western mental health research in general.

Carothers in 1947 published a paper based on studies of 558 mentally deranged cases admitted to the Mathari mental hospital in Nairobi, Kenya. These patients were admitted to the hospital over a five year period. He classified them into ten groups:- (1) Organic Psychoses (infective exhaustive, senile, syphilitic, traumatic, post encephalitic, drug (alcohol) and pellagra) - 31.4 percent. (2) Epilepsy - 3.4 percent. (3) Mental defect - 10.7 percent.

(4) Psychopathic personality - 2.8 percent. (5) Schizophrenia - 28.6 percent. (6) Paranoia - 1.8 percent. (7) Manic-depressive psychosis - 3.8 percent (all manic type). (8) Involuntional melancholia - 1.3 percent. (9) Psychoneurosis - 3.9 percent. (10) Unclassified psychoses - 12.3 percent. He computed the incidence of mental disorder in Kenya to be 3.4 per 100,000. He was immediately fascinated by this low incidence in comparison to figures from Britain, 57 per 100,000, and from Massachusetts, 72 per 100,000 (1). Carothers considered a few possibilities that could have led to errors in his estimation of the incidence, but quickly dismissed these and set out to propound theories that would explain the low incidence of mental illness among Africans.

Carothers made certain observations about peculiarities of mental disorder in Kenya in comparison with the western world which seemed to reflect the basis for psychiatry in Africa during the colonial era. These observations were:-

- (a) The incidence of insanity among Africans living in their natural environment is probably low.
- (b) The incidence of insanity among Africans working away from home (in urban areas) is probably considerably higher than that of those living at home, but is still low.
- (c) General paralysis is rare in the indigenous population.
- (d) Arteriosclerosis is rare.
- (e) Paranoia is related to certain modes of living (prolonged

sojourn in alien and inimical environment, i.e. people living away from home).

(f) Affective disorders are related to acceptance of responsibility. Since these disorders are absent in Africans it is concluded that Africans are irresponsible. The absence of ideas of guilt in Africans with involuntional melancholia is offered as support for this viewpoint.

(g) 'Frenzied anxiety' is the only anxiety state common among Africans. (This condition is associated with anxiety but the anxiety is not sustained. The patient goes through an explosive period - 'frenzy' - in which he becomes aggressive and dangerously violent. The violence often results in homicide which is apt to be ill directed. Recovery is complete and occurs in hours or days. The patient is usually amnesic of all that transpired during this period).

(h) There is an almost total absence of obsessional neurosis.

Most of these ideas persisted through the colonial period and until recently were held to be true. Several workers, Laubscher, 1937; Schottky, 1937; Devereux, 1939; Carothers, 1951, 1953; Tooth, 1950; Lambo, 1956; have supported one or more of these ideas about mental illness in Africa. There are several objections that one might raise concerning these studies.

They all originated from government run state institutions or asylums. One needs to know how patients are referred to these institutions to get a much better picture

of the patient population. A large proportion of these patients are sent from law courts either after certification or for observation or as criminal lunatics. Out of 1,649 patients admitted to the Accra Mental Hospital (Ghana) in 1969 only 46 percent had either come voluntarily or had been brought by their family. The rest were there because they had been committed by the courts (6.7%) or are criminal lunatics (4.1%), have been certified by medical officers (37.0%) (2). I do not have comparable figures for the Mathari hospital but it is safe to assume that in 1942-1947 an even smaller percentage of the patients would have come to the hospital voluntarily. The native African is usually suspicious of strangers the whiteman included. They would not subject their relatives and friends to methods of treatment which they were not familiar with. It is only those who were very destructive to themselves and others that ended up with the police and were consequently sent to state mental hospitals.

The African particularly lacks confidence in the ability of the white man to treat these kinds of problems i.e. psychiatric. This stems from his own concept of what the etiology of these disorders are. This lack of confidence applies to a lesser extent to 'physical illness' only because Africans have developed conceptions of physical illness which are close enough to western ideas to inspire some confidence as regards the western doctor. Taking Ghana as

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an example it is only over a long time with intensive education that more people have come to rely on these psychiatric hospitals. There are stigma attached to these institutions and people stay away from them if they can, like everywhere else.

Besides this obvious methodological error (which has also plagued studies in western medicine) some of these workers also reflected the moral arrogance of the nineteenth and early twentieth century Europe which sets up its own civilization as a standard by which all other cultures are to be measured. To these workers the African continent was literally the 'Dark continent' with its jungles, wild animals and primitive savages. They demonstrated an unwillingness to appreciate any aspect of the African's way of life as having any meaning or significance. They have described the African culture and the African personality formation in various ways and from different angles demonstrating their own naivete and lack of real understanding while expounding unsupported theories in the guise of scientific scholarship.

Thus Carothers describes the African personality as one of an illogical blend of low intellect and immoral qualities tainted with primitive passions and perversities. According to him, "Normal African personality closely resembles the mentality of a section of the European population which is commonly entitled psychopathic and sociopathic, except in so far as the African's ritual training

mitigates some of the more socially flagrant symptoms (e.g. rudeness and tactlessness) and except that the African shows no lack of verbal ability or fantasy. The resemblance of the leucotomized European patient to the primitive African is in many cases complete" (3). In *Totem and Taboo*, Freud, the father of psychoanalytic theory discussed the similarities between the psychic lives of savages and the European neurotics. In his introduction he says "..... totemism is a religiosocial institution which is alien to our present feeling; it has long been abandoned and replaced by new forms. In the religions, morals and customs of civilized races of today it has left only slight traces" (4), i.e. in neurotics. Other workers have depicted the African as an irrational passionate, restless creature who naturally loves to hunt, wander, sing, dance, brawl and has a weakly developed ego.

To some of these people then the normal African personality is pathologic in comparison to the European and yet within this same primitive society the usual European distinction is made between normal and disturbed, and the various psychiatric disorders common to the Europeans are stated to be recognizable as such. Psychiatric activities and ideas, and definitions of psychiatric disorders have their base in Western views about what human nature is or ought to be. The disorders are patterns of behavior and feeling that go contrary to the Western cultural expectations.

Since however, different cultures are by definition different systems with different expectations, we cannot successfully compare two different cultures with principles and ideas developed solely in one of them. I do not imply that human personality is infinitely plastic; that is, that every man is capable of every form of human behavior or feeling. It is very probable that there are some biological factors that influence the norms and deviations of personality found in any sociocultural group. It is important in order to make any meaningful comparisons, however, to know the impact of these various forms of behavior in the culture and vice versa. Even though a behavior is abnormal its acceptance in the African culture might be different from the Western world. This will have a direct bearing to the general beliefs and sentiments with regard to that particular abnormal behavior.

Primitive medicine unlike orthodox medicine, has an important social function. The definition of disease is not dependent on the fact that there is a biological change. Only when society decides that the particular biological change is disease, does it become such. For example among certain tribes in West Africa, yaws is not considered a disease because most people have it (5). One can find similar examples in Europe; eczema was considered normal as far up in time as the eighteenth century. Because everyone had it it was no disease (6). Another important difference is

that the primitive does not have a dualistic approach to disease i.e. physical and mental. He knows only one kind of disease and one kind of therapy. The modes of diagnoses and treatment seem to follow more directly from the etiologic ideas. The colonial workers were not aware of these basic differences. They went to Africa equipped with a series of psychological labels and an obvious racist inclination, and set to work putting labels on anything that seemed different to them. Ackerknecht says, "Psychopathological labelling seems to be foremost an expression of helplessness, a specific attitude of our culture to the unknown. While the 'savage' regards the incomprehensible as supernatural, the 'civilized' Western man regards it as psychopathological" (7). Thus Deverux says, "Primitive religions and in general 'quaint' primitive areas are organized schizophrenia" (8). One can only conclude that these are racist points of view.

Murphy and Leighton (1965) point out that many of the terms for disorder and even symptoms imply theories of cause; so that it is difficult to separate references to phenomena and references to etiological ideas. This distinction becomes important when one wishes to examine the phenomena in order to develop and check the ideas. In the case of the workers mentioned above their ideas took precedence over the phenomena they set out to describe. Usually in the diagnosis of psychiatric cases, there are sociological,

biological and psychological parameters which contribute in the assessment of the case. It appears that in Africa the earlier workers laid too much emphasis on the sociological aspects of the African culture, which they had built up themselves based on their own prejudices.

One of the main contributions of anthropology to this field was to shed light on the concept of abnormal and to invalidate older misconceptions of an universal type of abnormality (9, 10, 11, 12). It is now held that man as a social being is subjected throughout his entire individual existence to systematic cultural pressures, which reinforce or intensify, elaborate or suppress his psychobiological potentialities in a way which not only refutes the false belief in the uniformity of human behavior, but reveals its most extreme types.

The problem of misrecognition by a Westerner of mental disorders in cultures other than the Western, might not at first sight be obvious, especially when one looks at certain disorders such as mental deficiency, chronic brain syndrome and some forms of schizophrenia, which are so malfunctional as to command recognition as disorder in the sentiments of any social system whatever its cultural patterning (13). However when one considers the less severe disorders, it becomes more likely for these to be overlooked. Besides the skewed patient population mentioned above these workers from the western styled mental hospitals only saw

a small proportion of mentally sick patients in Africa. Thus false ideas concerning mental health in Africa were established viz:- the low incidence of mental illness, the absence of depressive illness and the prevalence of excitement and violence in comparison to the Western world. Such methodological considerations apply to disease in general but Western doctors have gone out of the hospitals and into the field in their study of physical illness.

It is now generally agreed that the colonial studies inadequately appraise mental disorder in general and depressive illness in particular. R. Prince (1968) reviewed the literature on psychiatric illness in Africa South of the Sahara. He found that between 1895 and 1957 true psychotic depression was reportedly very rare. Where depression was reported it was described as mild and short lived. From 1957 to 1965 the papers revealed that depression was commonly seen. This change is so sudden that the only possible reason is misrecognition by colonial workers up to 1957. The post colonial studies did not originate from the Western style hospitals, but rather were conducted among the general population. Secondly and possibly more importantly, the later workers had a mentality which was different from that of the colonial workers. The anthropological discoveries mentioned above helped to fashion the thinking of these workers, so that even though some of them were patronizing, they were forced to look at the African's

culture more closely. The more sophisticated of these studies - The Cornell-Aro study by Leighton and Lambo in 1961 - has shown that symptom patterns familiar to western psychiatry were in fact common and had a high incidence in Africa (among the Yoruba). However, they also observed some interesting differences. Certain symptoms, those of senility, some in the psychoneurotic category, certain manifestation of reactive depression and a good many kinds of personality disorder are observed in the Yoruba cultural system, but are not elicited as being expression of mental or emotional illness and are consistently not perceived as belonging in such a category, though they are known to be uncomfortable and at times unusual. Leighton and Lambo also noted that certain symptom categories, phobic, obsessive compulsive and depression were omitted by their informants. With particular reference to depression they said, "The symptom pattern of depression as such - psychotic or psychoneurotic - was not volunteered by our informants and when described to them was not accepted as something familiar. On the other hand many of the component symptoms of depression came up in one context or another; sapped vitality, a sense of 'dwindling', crying continuously, extreme worry, loss of appetite and loss of interest in life Depression seems an unfamiliar concept, and there is linguistic difficulty in finding Yoruba words with which to describe the subjective feeling meant by the term" (14). It is very

likely that these authors came upon a genuine cultural differences in this particular respect of some importance for psychiatric assessment. It is quite evident how this can distort the psychiatric history of a patient who does not admit to feeling miserable or depressed.

The more realistic picture of mental illness in Africa did not emerge until workers started to study the people as a whole. Until recently none of the workers looked very closely at the traditional African healers to find out their effectiveness in the handling of problems among Africans. When the medicine man became first known to the white man he was generally regarded as a humbug. This idea is slowly being abandoned. But it is quite usual to find the medicine man characterized as some kind of madman. The labels that he gets vary from epilepsy to hysteria, from fear neurosis to veritable idiocy (15). Almost all the colonial workers knew of these traditional healers but very rarely did any of them credit these healers with any usefulness to the society. With reference to Ghana, M. J. Field in an ethno-psychiatric field work performed in North West Ashanti mentions healing shrines and says, "..... mentally ill people comprise only a small proportion of the pilgrims who flock to these shrines" (16). In another book - Religion and medicine of the Ga people (17) she describes various kinds of traditional healers. A few workers (e.g. Tooth, 1950) realized how important these

medicine men were and wondered if they could not be incorporated in the general delivery of health care in Ghana. "It will be objected" said Tooth, "that a plan of this kind relegates to lay authority what is properly a medical responsibility, but a visit to the Gold Coast Asylum should convince any impartial observer that the African's lack of confidence in the European management of this branch of medicine is well founded. Moreover it seems unlikely that an alien psychiatrist could ever succeed in assimilating the complexities of the West African background in time to make an appreciable contribution in this field, so that until African psychiatrists can be trained, it would seem better to allow the care of the majority of the insane in lay hands" (18).

A few workers have worked hand in hand with some of these healers and have obtained very good results besides being very impressed with their work. Lambo who worked very closely with many of the traditional healers in Nigeria said, "Some of the native treatment centers which I have seen may well play a useful role in solving our immediate problems. Their psychotherapeutic measures are as effective and scientifically sound as any I have seen practiced in Europe" (19). With this belief in mind, Lambo helped set up a hospital at Aro in Western Nigeria under the auspices of the University of Ibadan Medical School, where close collaboration with the local healers was essential in the

care of the patients. Commenting on this he says, "One of the most unusual features of our pattern of care for the mentally ill in Nigeria, is our **unorthodox collaboration** with the traditional healers. We have discovered through a long practice in Africa that it is **essential** to the scientific understanding of man and his social environment to work and even to establish some form of interprofessional relationship even with those who by Western standards are not strictly regarded 'professional' Without the help of the witch doctors we would not have known where to look and what obstacles to skirt in searching for simple disorders like obsessional neurosis in the indigenous population of Africa" (20).

It does not seem too incredible to assume that primitive man over the years, evolved a method of dealing with his health problems. There have been for a long time, before the white man came to Africa, therapeutic measures for mental disorder and general health problems which the Western trained psychiatrist is not familiar with. We need to study the traditional healers and their philosophy with respect to their therapeutic measures in order to gain better insight into the problems of health and disease in Africa. More and more workers are becoming aware of this and have turned directly to the native healers. R. Prince (1968) compared the therapeutic process in the African setting to that in the Western world. He observed, "In the treatment

of psychoneurosis in the Western world great emphasis is placed upon insight apparent therapeutic effects which do not result from insight are regarded as 'transference cure', which persist only as long as the patient is in contact with the therapist. In psychiatric systems in other parts of the world, however, insight is not sought. The goal of therapy is belief and dependency The therapeutic effects seem to depend upon the discovery of a culturally sanctioned explanation for the disease and sometimes (as in the various possession and masquerade cults) upon periodic acting out of various asocial impulses within a socially acceptable setting" (21).

Adequate statistical studies that deal with the significant therapeutic effects of African traditional healers do not exist. (They also do not exist for Western psychotherapists.) It does appear, however, that their techniques do result in cures and a significant proportion of the population, both urban and rural, literate and illiterate depend on these healers. It is suprising at first that these medicine men have withstood competition from the more sophisticated and more effective Western medicine, but as we shall see later this is quite understandable, if one looks at the general beliefs concerning disease and health and the role medicine plays in the society.

The beliefs concerning health and disease are intimately bound up with beliefs about man and his origin. The general

ideas in this regard are overwhelmingly mythical. It becomes necessary therefore to understand what is involved in mythical thinking, in order to avoid the mistakes of the early colonial workers. A brief account of mythical thought will be given in the next chapter. Hopefully this will make the discussion of traditional medicine more meaningful.

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CHAPTER III

MYTHICAL THOUGHT

Mythical thinking in general is full of absurdities and inconsistencies the general understanding of which has thwarted the efforts of several workers. Some of the more well known workers on this subject, E. B. Tylor (1874); F. Max Mueller (1856); L. Levy Bruhl (1926) have attempted to understand or explain what is involved in mythical thinking by examining the various myths that have been set up at various times in history. They either considered it as primitive and prelogical form of thought or a highly logical and sophisticated process of thinking but unique in its own self (1). These have been important and intelligent contributions to the subject of mythical thinking. None of these contributions have been able to shed as much light on the structure and development of mythical thought and behavior as has Ernst Cassirer's work, (Philosophy of Symbolic Forms; Vol. II. Mythical Thought).

Cassirer takes myth as a form of thought unique in itself. He describes myth as the most fundamental process by which consciousness knows the world. Here the meaning of myth is quite beyond anything merely material; it is conceived as a specific developmental process - necessary in its place - of man's way of knowing the world. (For details the reader is referred to the Introduction of Philosophy of Symbolic Forms. Vol. II. Mythical Thought by

Ernst Cassirer. Yale Univ. Press. 1955). This developmental approach will be applied to information gathered about the Ghanaian traditional concepts of disease.

True understanding of myth began when the allegorical interpretation of the world of myth was discarded by Schelling (2), and was replaced by a new approach within which mythical figures were considered as autonomous configuration of human spirit which must be understood from the point of view of the people whom they affect, and by knowing the way in which they take on meaning for them. Cassirer has said, "The philosophical understanding of myth begins with the insight that it does not move in a purely invented or made-up world, but has its own mode of necessity and therefore in accordance to the idealist concept of the object, its own mode of reality" (3).

We learn from Cassirer that one of the first essential insights of critical philosophy is that objects are not given to consciousness in a rigid finished state, but that the relation of representation to objects presupposes an independent spontaneous act of consciousness. Mythical thinking depends on consciousness in much the same way, but unlike empirical and conceptual knowledge, lives entirely by the presence of its objects, "..... by the intensity with which it seizes and takes possession of consciousness in a specific moment" (4). Mythical thinking seems to be the most fundamental or the earliest process within

consciousness by which man comes to know himself and the world he lives in. It appears to be the necessary forerunner to all forms of knowledge and thought. Wherever philosophy sought to establish a theoretical view of the world, it was confronted, not so much by immediate phenomenal reality, as by the mythical transformation of this reality The whole material world appeared shrouded in mythical thinking and mythical fantasy. It was these which gave its objects their form, color and specific character. Long before the world appeared to consciousness as a totality of empirical things and a complex of empirical attributes, it was manifested as an aggregate of mythical powers and effects" (5). This notion is supported by the fact that within different cultural groups, even those separated by epochs, myth evolves in strikingly similar forms at specific stages of cultural development; e.g. Egyptian, Greek, Asian (verdic) and in this age the cultures of the underdeveloped areas of the world:- Africans, Australian aborigines, and American Indians.

All mythical thinking from the orgiastic cults of 'savage' tribes to the magic practices of the shamans of Asia, from the primitive rites of the 'savage' to the magnificent world of Homer, is rooted in emotions. It is the feeling which accompany ideas that serves as the unbroken thread that runs through all these cultures. What we see in these cultures is a gradual development of the mythical

consciousness itself; from a more primitive stage in which the world is seen as full of demons, through the development of a polytheistic society, to the development of a religious consciousness of a supreme God-Creator or the mysticism of Asia. It is only after mythical thought has developed to a certain stage that empirical knowledge becomes possible.

At the earlier stages of development, consciousness is undifferentiated and unreflecting and refuses to draw distinctions which are not inherent in the immediate content of experience, but which results only from reflection on the empirical condition of everyday life. "Myth lacks any fixed dividing line between mere 'representation' and 'real' perception, between wish and fulfilment, between image and thing" (6). Objects have meaning to consciousness in the intensity with which they seize upon it, and since the 'real' object and its 'representation' both arouse the same emotion, to mythical consciousness they are one and the same, imbued with identical attributes. With this in mind one can begin to understand why for myth there seems to be no distinction between dream and objective reality, why certain dream experiences are accorded the same force and significance as waking experience. One can begin to understand the basis for image and effigy magic:- a man's image, his shadow or his name is him and whatever happens to the image or is uttered in his name will undoubtedly happen to the man.

The instrument of magic therefore can be any part of the person's physical being.

Thus in mythical thinking every simultaneity, every spacial co-existence and contact provides a real causal sequence. A person's clothing or the tools that he works with, anything that has stood in spacial or temporal relation to the individual can be a source of magic, even his urine, spittle or feces. Certain animals that appear at certain seasons are thought of as bringers of the season.

There are no accidents from the mythical point of view. There is an insistence for a cause for every occurrence. A drought, or any other catastrophe that descends upon the land, an injury, sickness or death is never accidental, they are always related to magical interactions.

No clear distinction exists between life and death, they are thought of as different stages of the same 'being'. Birth and death are just mere transitions. Thus the various rites and ceremonies, for birth, puberty and death take on a significant meaning. If all reality is taken as it is presented in the immediate impression, if all that is necessary is for real objects to exert a certain power on our perceptive, affective and active lives then the dead still exist since they can still arouse certain emotions within us. The change in 'being' of the dead gives rise to the idea of survival after death. All cults of the dead rest on the belief that the dead also require physical

means of preserving their existence, that they require food, clothing, and possessions.

The mythical concept of force, which as we shall see later permeates the traditional Ghanaian life, differs from the scientific concept. In fact force is never looked upon as a dynamic relation but always as material substance, which resides within certain powerful personalities e.g. priests, magicians, witches, gods and certain places. This material substance (force) can be passed on to other persons by mere contact or by ingestion of special concoctions.

"In all mythical action a true substantiation is effected at some moment; the subject of the action is transformed into a god or demon whom it represents seen in this light rites are not originally 'allegorical', they do not merely copy or represent but are absolutely real; It is no mere play that the dancer in a mythical drama is enacting; the dancer is the god, he becomes the god" (7). The masquerade cults therefore are seen in a different light and thus take on much significance. As we shall see later on the dancing of mediums (woyei) of the Ga priest represents just this substantiation.

At this stage of the development of man's thinking, he is not aware of the laws which govern objects in the physical world. He has not yet developed a reflective consciousness to enable him to contemplate on possible relationships. The importance of certain occurrences depend

upon how they affect consciousness emotionally; if they release within it a certain movement of hope or fear, desire or horror, satisfaction or disappointment. Gradually with this unique system, consciousness grows to know the world and is able to separate the self from the outside world.

It has been implied ~~above~~ that myth arises from emotions, however it must be emphasised that myth cannot be described as bare emotions. It is the expression of the emotion, the emotion turned into image, objectified. What was a passive state becomes an active process. In order to understand myth therefore we must go beyond the images. Mythical thought in this way resembles a code which is intelligible to those who possess the key. The images and contents of this thinking is meaningless to an outsider. And as I have stated in the review of literature attempts at interpretation have led to misunderstanding.

The mythical images, objects and forces are not given to consciousness in advance; they represent a relatively advanced process of objectivization. Before this objectivization begins, there is a phase during which things exist for man only in indeterminate, unformed feeling. At this time certain impressions are set off from the common background by their special intensity and force. Thus we must conceive of nature demons and nature gods not as personification of universal forces or processes of nature, but as mythical objectivization of particular impressions. Gradually,

step by step myth grows beyond these images without abandoning them entirely, it adds other spirits arising from different spheres of thought and feeling. Slowly the world of elemental spirits gives way to a new world as the I passes from mere emotional reaction to the stage of action, as it comes to see its relation to nature no longer through impressions but through the medium of its own action.

"The importance of man's actions on the outside world is not simply that the I as a finished thing draws outside things into its sphere and takes possession of them. Rather all true action is formative in a twofold sense; the I does not simply impress its form upon objects; on the contrary it acquires this form only in the totality of the actions which it exerts upon objects and which it receives back from them, Accordingly the limits of the inner world can only be determined if the sphere of being is circumscribed in action" (8). Man's actions as embodied in his magical rites and religious ceremonies are thus of more importance than the myths he puts forth to explain his deeds. Cassirer says, "He performs these actions without knowing their motives, they are entirely unconscious. But if these rites are turned into myths a new element appears. Man is no longer satisfied with doing certain things; he raises the question of what these 'mean' he tries to understand where they have come from and to which end they tend. The answer he gives to all these questions may

seem to be incongruous and absurd but what matters here is not so much the answer as the question itself. As soon as man begins to wonder about his acts he has taken a new descisive step; he has entered upon a new way which in the end will lead him far from his unconscious and instinctive life" (9).

The premordial force of mythical imagination gives rise to belief in the vast throng of nature demons who dwell in the forest. Step by step myth grows beyond these figures. The vegetation myths and cults thus represent a later stage in the development of mythical thought. Here again man does not confront nature as a free subject but feels himself inwardly enmeshed in it and at one with its destinies. The cyclical phases of nature, its growth and passing away are intimately bound up with his own living and dying. All vegetation rites rest on the expression of this bond, which is represented not only in mythical images but also in action.

Gradually a new form of relation arises between man and nature. "Just as man's 'demon' gradually becomes his tutelary spirit, ... So in nature the elemental ghosts are transfered into guardian spirits" (10). These guardian spirits are forever serving man, caring for his cattle, blessing his land, helping him with his harvest, etc. This results in a kind of division of labor among the gods for example among certain tribes in West Africa there is a god for blacksmiths, a god for hunters, one for fishermen. This

idea of occupational gods was developed with the greatest precision in the religion of the Romans, where every activity necessary for the cultivation of the field has its own god, Consciousness arrives at a clear division between the different spheres of activity and between their divergent objective and subjective conditions only by referring each of these spheres to a fixed center, to one particular mythical figure. In this way a divine world is built which reflects man's social activity. "In the multiplicity of his gods man does not merely behold the outward diversity of natural objects and forces but also perceives himself in the concrete diversity and distinction of his function. The countless gods he makes for himself guide him not only through the sphere of objective reality and change but above all through the sphere of his own will and accomplishments" (11).

As mythical thinking and behavior develop the specialized gods give way gradually to a supreme creator-God in whom all the different attributes that belonged to all the previous gods become merged. This new intuition directs religious consciousness towards the unitary subject of creation.

We can see how man's action in the world leads to separation of inner from outside world in another aspect, i.e. through technology. In the beginning of mythical thinking, by the mere act of the will consciousness immediately

apprehends the end fulfilled. This is the belief that underlies all magical acts i.e. the 'omnipotence of thought'. As consciousness gains experience in this world the two factors, wish and its fulfillment, are separated by a necessary 'means'. After man has learnt the necessity of certain implements in fulfilling his wishes, the implements for some time retain a magical character; a certain power or force is attributed to these implements. However, these new tools slowly help to develop within consciousness the notion of mediated action. It is only after this that empirical knowledge becomes possible. "It is the consciousness of the means indispensable for the attainment of a certain purpose that first teaches man to apprehend 'inner' and 'outward' as links in a chain of causality and to assign to each of them its own inalienable place within this chain, and from this consciousness gradually grows the empirical, concrete intuition of a material world, with objective attributes and states" (12).

The foregoing is a summary of the Cassirian approach to the understanding of mythical thinking in general and will be used to demonstrate the developmental aspects of Ghanaian traditional thinking with particular reference to health and disease.

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CHAPTER IV

GHANAIAN RELIGION AND CONCEPTS OF HEALTH AND DISEASE

Since the traditional concepts and medical practices are intricately bound up in the mythico-religious practices, it is important to describe the native religion.

The general beliefs about gods and the ritual involved in their worship are quite similar among the various tribes in Ghana. I have chosen to describe the Gods of the Ga-Adangbe people. The Ga-Adangbe occupy the coastal plains in Southern Ghana. The sea forms the southern border and to the north there is the Akwapim mountains. The Western border is represented by the river Densu and on the east of this territory we find the Laloi lagoon. All the towns are spread along the coast:- Accra, Osu, Labadi, Teshie, Nungua and Tema and Kpong. Most of the Gas are believed to have migrated from the Western Nigeria, others such as the Otublohun people in Accra are said to be Akwamus from further inland (1).

In the Ga language 'won' refers to a supernatural force. This however is commonly and wrongly translated as god. A 'won' is an independent substantial reality which has the power to move from place to place and from subject of subject and to effect certain changes. Field describes it as "..... .. something that can act but not be seen" (2). We can think of it as being similar to 'mana' which Cassirer says is "..... the powerful, effective productive" (3). Thus 'won'

is a nonspecific term for mythical force. It is not a god even though gods seem to be the embodiment of this force. Every god is a 'won' but every 'won' is not a god. 'Won' is the instrument of magic, it has no name and will act for anyone provided that the proper conditions have been observed. A 'won's' activities are specialized and limited. For instance a 'won' might be used to cure a particular disease or illness, another for making someone sick, and another for protection against snake bites, etc. I shall discuss 'wodzii' (singular - won) into more detail when I discuss diseases and their therapy.

A 'Dzemawon' is what translates into English correctly as god. 'Dzemawodzii' are powerful and intelligent 'wodzii'. They are not specialized in any activity but are practically omnipotent and omniscient. A Dzemawon will act for a person only if it is called upon by name and only if it approves of what it is asked to do. Even though the 'Dzemawon' is invisible it can take on any form of being; human, animal or inanimate. Inquisitive people invading sacred and forbidden places, frequented by the 'Dzemawon' may happen on it in its real form, which is so terrifying that the individual dies of fright. As we discussed in the preceding chapter, the first powerful impressions in mythical consciousness are set forth in mythological images, i.e. demons and gods. This is probably why the same word 'won' is used to describe both demons and gods, and thus is the source of the

confusion in meaning. The 'Dzemawon' is usually a natural force or process e.g. river, lagoon or an animal.

Each of the towns of the Ga-Adangbe people has several gods which are worshipped publicly with offerings and with drumming and dancing. Some of these gods by virtue of their nature i.e. being place gods; river or lagoon, always remain in that place and have seniority over the others, some of whom are brought along by migrating people or purchased from neighboring tribes. There is a hierarchy among the gods of each town which reflects the social order of the people. For the town of Tema, there are four powerful gods and several smaller ones. SAKUMO, the 'Dzemawon' of the Sakumo lagoon, which lies near the town, is the most senior god. NA YO, the goddess of birth, stands next to SAKUMO; TSADE, goddess of abundance and AWUDU an animal god (the horned black spitting snake) both stand next to NA YO. NA YO and TSADE are the wives of SAKUMO. And AWUDU is the son of NA YO and SAKUMO.

Each of the 'Dzemawodzii' has a priest or 'wulomo'. According to Field, the Ga governments were originally theocracies. The only rulers were the priests or the 'wulomoi'. The idea of secular chiefs and stools which pertain today, is quite foreign to the Gas and has been borrowed from the Ashantis and Akwapims. The chief 'wulomo' of any town was the only ruler. With the coming of the Europeans and for purposes of warfare, alliances and negotiations with foreigners and outsiders it became necessary to relegate much of the secular

authority to two lesser 'wulomoi' who became 'mantse' (town father) or chief; and 'mankralo' (town guardian) the chief's right-hand man. For the town of Tema, SAKUMO'S 'wulomo' is the senior 'wulomo'. He would in older times have been the sole ruler. The chief of Tema (mantse) is the 'wulomo' of NA YO. The 'wulomo' of AWUDU is the mankralo.

There are several less important gods who have no 'wulomoi'. Some of those found in Tema are OGBENAI of the great 'shadzo' tree, and AFIYEE, a goddess, TOGBU, KOMIETE, AYAMA, OKLUTE, LATEKALE and TSAWE. In moving from one place to another some of these less important gods in Tema gain prominence while some of the more powerful ones are lost or become less important. We also observe that the attributes of some of the lesser gods are incorporated into the powerful gods. As Cassirer stated, "In the multiplicity of his gods man does not merely behold the outward diversity of natural objects and forces but also perceives himself in the concrete diversity and distinction of his function" (4).

Every important god has a house-Gbatsu. Inside the Gbatsu are kept various articles for use by the god e.g. brooms, pots of holy water for ceremonial cleansing and stools for the god to sit on. Nearby there is a sacred tree for the god to sit under when the weather is too hot.

The 'wulomo's' duties go beyond the usual priestly functions which in this context is the daily pouring of libations and officiating at public functions. He interpretes

to the people, the wishes of the god or goddess. He functions as a judge deciding his own cases. He has to be impartial and morally strong. If he is involved in wrong doing in any way his god will kill him. His wife must also be of good standing. Above all priests must observe certain taboos, such as, they must never set eyes on a dead body, they must not eat certain foods, they must not eat on any day until the sun comes out. The priest must not be spoken to while he is eating and must not be woken up from sleep by calling his name. He is not allowed to have personal property, but his flock would be guilty of reckless insult to the god if they allowed his priest to go uncared for.

Attached to the gods, is another group of people called 'woyei' (singular - woyo). These are usually women and function as mediums through whom the gods speak or send messages. They are passively entered by the god, possessed, and messages are given to the priest who interpretes them. Each god has its own group of 'woyei', who live at the expense of the worshippers. The 'woyo' unlike the 'wulomo' has no authority. Besides the 'woyei' who belong to particular gods, there are other freelance 'woyei' who are entered by any 'Dzemawon' or in some cases the spirits of the dead. There are some also who are attached to traditional healers. We shall have occasion to talk more about these later on.

The 'Dzemawon' chooses and picks the people he wishes to serve him as 'woyei'. Usually these people become possessed

during drumming and dancing, a time when the 'Dzemawodzii' usually descend. However, people can be possessed during the normal course of daily activities. For several weeks after the 'Dzemawon' first enters a woman it has chosen, the prospective 'woyo' goes through a period of great emotional upheaval. She usually behaves very much like a mad person. In fact it is only medicine men or traditional healers who can tell this condition from straight forward madness. The prospective 'woyo' becomes mute, sometimes they rave and become the terror of the town. This is particularly so if the person resists in any way the idea of becoming a 'woyo'. When the individual finally gives in to the spirit of the Dzemawon, she is taken to a healer who prescribes a means of cleansing and then he starts her novitiate. It should be mentioned that those who refuse to serve remain mad. There are other avenues of obtaining new woyei for the god. People might willingly volunteer their services or their children. When a woman has been without children, she prays to one of the Dzemawodzii. If her request for a child is granted and she has a child, the child is thought of as belonging to the Dzemawon until appropriate rites are performed when the child reaches age fourteen. The Dzemawon might refuse to relinquish his hold on the child, in which case the child is initiated to serve the god.

The training of the 'woyei' takes between two to three years. During this time the new recruits are subjected to

rigid disciplinary measures. They must remain chaste, work extremely hard in the fetching of wood and water and cooking food. They are subjected to severe physical conditions:- they must sleep on the bare floor, and they do not have a cloth to cover themselves when they sleep; conditions quite similar to those that novices to the monastries undergo. Their training includes learning to do various dances:- KPLE, ME, OTU, and AKON, depending on whether the 'Dzemawon' is KPLE or ME, etc. god. The 'woyei' thus form an important part of the 'wulomoi' and are useful as we shall see later on, in making diagnoses or obtaining remedies for particular problems.

Besides the gods there are other spiritual beings who according to Ghanaian thinking can cause illness or death. Three of these are associated with the human being. The traditional Ghanaian culture makes reference to three basic essences or 'parts' of the human being. One sometimes gets the impression that these three entities have an existence of their own, without being involved in the synthesis of a single being, They are referred to in the daily discourse by their own names. These three parts are: (i) GBOMOTSO, (ii) SUSUMA and (iii) KLA (here again I am using the Ga names for these entities, as far as I know all the other languages have corresponding names).

Both animals and plants have KLA but no SUSUMA. Non living things have neither SUSUMA nor KLA. The GBOMOTSO

corresponding to the body which exists in the object world. It is the object through which the other two entities, and spirits and various other supernatural forces act to fashion the behavior of the individual. The SUSUMA of an individual on the other hand has qualities of a spirit or 'soul'.

However the KLA vies with the SUSUMA for the designation of soul. The SUSUMA seems to have a mind of its own and also its own whims and caprices. Its wishes and desires never break into the conscious mind. According to legend the SUSUMA belongs to a heavenly or sky family, the members of which differ from a person's earthly family. The sky family is closer and dearer. People with strong personalities are said to have strong SUSUMA. It is also a person's SUSUMA that leaves his body and wanders in dreams. Witches are believed to have strong SUSUMA. However they are evil. At night their SUSUMA fly off to a secrete meeting place where all the witches gathered feast on other people's KLA. The third entity, KLA, is necessary for maintaing the physiologic functions of the body. Both the KLA and SUSUMA are capable of leaving the body, however while the SUSUMA can leave the body in dreams etc. without any harm being done, the KLA only leaves the body when the person dies. KLA is that part of the individual that is passed on in reincarnation. When a person dies, and the KLA leaves the body, it releases the SISA-ghost, which stays on earth while the KLA rises to the heavenly family. Among the Gas the KLA is also thought of to carry a 'GBESI',

which is given by every family 'Dzemawon' to the child as it is born. It corresponds to the child's destiny. Most of the time we find the Gbesi externalized and portrayed as culprit behind a variety of troubles. We find that the Gas will say of a badly behaved child or a compulsive thief, to be moved to these acts by a bad Gbesi. A Gbesi in and of its self is neither good nor bad, but one almost always hears of bad Gbesi. It is supposed to walk behind the person if it is allowed to get in front of him then it leads him into trouble. Gbesi is not like the other three above, it can be and is usually driven out a person to render him normal. We can understand the importance of these various spirits in the evolution of the concept of soul by looking at Cassirer's work.

We learn from Cassirer that, in the development of mythical consciousness there is no existing thing that is not subjected to the omnipotence of thought and omnipotence of desire. The I takes all reality into itself and bends them to its purpose, but in this attempt it shows itself dominated by things, all its ideal powers become demonic powers projected outwards as something alien to the I. The soul itself appears as a demonic power which acts upon man's body from outside (5). This notion correctly describes the idea of the Gbesi, which to the Gas is an external devil which makes people do wrong, and which has to be driven out of people to free them of this burden.

With regard to the other two 'souls', the SUSUMA and KLA we find appropriate what Cassirer said in reference to several souls described by the Egyptians, "Here an attempt is made to define the particularity of psychic as opposed to bodily being in three different ways. But this very diversity of approach proves that a specific principle of personality had not yet been worked out" (6). When man begins to think of the soul as tutelary spirit then he has moved a step closer in the transformation from mythical to ethical thinking. The SUSUMA is such a tutelary spirit, it " is a kind of man within the man, but does not coincide with his personality and is often in conflict with his I; it is a special being within the man having its own will and its own desires which it is able to gratify against the man's will and to the man's discomfiture" (7).

Thus with respect to a single concept, soul, we see the kind of evolution, from mythos to ethos, that Cassirer describes. The old concept of demonic power slowly gives way to the tutelary spirit as the I grows to know itself. Here the two notions coexist, however we can see that the Gbesi is loosing ground, it can be driven out of the person without any harm being done. When a man thanks his wife, in the traditional Ga culture, for bearing him a child he thanks the family 'Dzemawon', her KLA and her SUSUMA all in turn but does not thank the Gbesi.

This mythical system has profound impact on conceptions

of health and sickness. Everything that happens in the experiential world is understandable in traditional terms as due to interactions between various spirits and supernatural beings, Thus illness and death are caused by these same spiritual influences on the different parts constituting the human being. One of the commonest reasons for sickness is an annoyed KLA; and a very common way of annoying the KLA is by wrong doing. Anger, bitterness and resentment against others, especially if allowed to brew secretly without expression is believed to besmirch and disgrace the KLA. The KLA not wishing to be so treated reacts by causing the person to be sick. If the illness is not quickly diagnosed and appropriate treatment instituted, the person goes on to die. This is an example of the society's awareness of the importance of the psyche in the normal functioning of the human being. The KLA in this instance becomes synonymous to the person's conscience (superego) which reflects the morality of the society. Needless to say there are many situations in Western culture where guilt is believed to play an important part in the etiology and prognosis of disease.

No particular illness or group of disease results from disgracing a KLA. The KLA can bring any kind of ailment upon the person involved. As a matter of fact the integrity of the person's KLA is important in determining what kind of illness and how badly the person suffers. A person with a weak KLA needs only a slight fever to completely incapacitate

him. On the other hand a person with an exceptionally bad and stubborn KLA is not easily affected, a worse wrong doing might leave him untouched. M. J. Field relates a story of a man who committed incest with his sister. As soon as it was known that this had occurred, everybody said, "He will die soon. A very small fever will be enough to make him die. He has the two things which most easily make a man die - a great fear and a great shame". After about six months when the man had not died they said that he had a bad KLA which was not troubled in the least by such a terrible disgrace (8).

A person's KLA is also subject to injury by other forces. One common example is that of witches devouring a person's KLA. This results in all different kinds of diseases. Witches as I have mentioned above, have very powerful SUSUMA which leave their bodies at night and travel to secrete meeting places where they feast on other people's KLA. Because of their powerful SUSUMA they can capture any one's KLA. Usually however they take the KLA of their own relatives. The ultimate outcome of a person whose KLA has been devoured by witches is death, because as we said above the KLA only leaves the GBOMOTSO (body) when the person dies. Before this happens however, the person becomes terribly ill for days or weeks depending again on the integrity of his KLA. There are other diseases caused by other supernatural powers, whose nature is not clearly known, which can take hold of, remove, or injure the KLA.

The SUSUMA can also be a source of illness, for instance when a witch tries to recruit an unwilling SUSUMA to join the group of witches. Legend has it that every witch must pass on its powers to a younger person before she dies. If in the process of transfer the SUSUMA on the receiving end is unwilling, this unwillingness is manifested as disease. A SUSUMA can also be taken into captivity by a 'Dzemawon' or god who wishes the services of the particular individual as a 'woyo'. As we saw above these people behave in a bizzare manner not very much different from mad people. This 'affliction' ends if the person's SUSUMA gives in to the god. However with the introduction of Christianity some people have been taught that it is bad and evil to partake in such practices as serving the traditional gods, and therefore refuse the services of these 'Dzemawodzii'. Most of these people remain mad. Sometimes some of them can be cured by appropriate supplications and offerings to the god in question.

The spirits of the dead ancestors can also cause illness and death. A person who goes against the family tradition in any way or fails to pay his respect and homage every so often to his ancestors is likely to come down with a terrible disease. This feeling is so strong that people who work away from home no matter how well educated; lawyers, teachers, civil servants, etc. return once every so often to pay their respects. A common Ghanaian behavior that stems directly

from this is the pouring of libation, during which time mention is made and thanks given to all who have died from ~~that~~ house; and also the gods and ancestors are asked to protect all the living members of that family.

'Wodzii' and 'Dzemowodzii' also cause disease. 'Won tsu mo', the sending of 'won' or the working of magic, is probably the most commonly quoted and feared cause of disease. It is not exactly correct to call this practice the working of magic, because it implies that the other interactions are not thought of as magical. 'Won' as has been said before is a non-specific term for mythical force (mana), the powerful, effective and productive. The simple 'won' has no name and is sent by the people who own it to perform certain specific functions. Each individual 'won' performs only a single function and nothing else. The kind of 'won' that we are interested in, in this context are those used to cause illness or death, i.e. spells. As we can understand from chapter three, the instrument of magic can be any part of the man, his nails, his hair, his image such as a doll or shadow, anything that has come into contact with the person's body e.g. his clothing or tools that he works with. All these provide a means of harming other people and we find examples in this culture. Innocent people who accidentally come into contact with a 'magic' meant for someone else also can become sick, however these do not get as sick as those for whom it was designed. The use of these 'wodzii' demands the

observation of stern ethical codes or taboos, some of which can be very exacting; refraining from adultery, stealing, insulting others or quarelling and abstention from certain foods. 'Won' or medicine with great rewards have great demands. Other people use 'won' to protect themselves against other people's spells. One woman, a trader had a 'won' to protect her from cheats and thieves. The attached condition to the 'won' demanded complete honesty on her part. On her death she left the 'won' to her daughter who did not know the condition attached to it. One day in the market she took something that did not belong to her, and soon thereafter one of her fingers became paralysed. A healer who was sought quickly diagnosed the condition as a warning from the 'won' which her mother had bought, who would punish further offences by death (9).

The 'Dzemawodzii' work to produce illness in completely different fashion. They seem to have intelligence and do not act automatically but rather use good judgement. If a person is wronged by another, he calls on a 'Dzemawon' to avenge him by punishing the other person accordingly. This usually takes the form of a curse. The accuser approaches the 'Dzemawon' (a river or the sea) performs a ritual e.g. dipping his naked body three times into the water and then presents his complaint. He can also present his complaint to the priest of the particular god who then presents it to the god. The 'Dzemawon' then examines the problem and decides who is

guilty and metes out punishment. If the accuser turns out to be the guilty party, he is struck by a worse disease than if the accused is guilty.

Since diseases for the most part are caused by supernatural forces, they can only be discovered through supernatural means. Thus the development of a particular kind of healer known to the Western world as a fetish priest. The fetish priest is in some way like the 'wulomoi' of the Ga tribe, however, he differs in that he never serves a secular function such as 'mantse' or 'mankralo'. The fetish has a host of mediums, 'woyei', who transmit messages from the gods and other spirits to the healer. This type of healer is usually an old man, who has had to serve as a novice for another healer for several years to acquire the knowledge that he needs to perform his job. When a sick person is brought to one such healer, he is able to tell if the sick patient has disgraced his KLA, is suffering from a malicious curse or whether his dead ancestors are upset with him. The process of diagnostication involves all types of divination, eye gazing, palm gazing and meditation; and in difficult cases direct communication is sought with the supernatural spirits through the mediums. The mediums are possessed during special ceremonies of drumming and dancing. The frequency with which this happens differs from healer to healer. In most cases it occurs once or twice a week. The dancing is very typical and it will serve

to illustrate things better, to describe what happens during one of these ceremonies.

There are four basic dances that these mediums do.

"There are usually people gathered around a circular dancing area, or they gather when the drumming begins. At one end of the circle one finds the group of drummers, at the opposite end from them, the fetish priest and his wives and 'woyei' and other important persons are seated. The sick people are not usually present. Various people enter the circle and dance two or three at a time. Any one from the crowd or any of the 'woyei' can join in the dancing. They dance for a few minutes and then rejoin the crowd. This continues until all of a sudden one of the mediums begins to tremble and shake on her stool. Her eyes begin to roll, and she struggles and fights for air. At once her attendants leap at her, unbind her hair, lift her to her feet and take her behind the scene to decorate her with special ornaments:- beads, anklets, amulets, necklaces, etc. depending on what type of 'woyo' she is, Akon., Me, etc. She is then brought back and enters the circle to begin her dancing. She stays on her feet continuously for about three to four hours performing remarkable physical feats. She may be possessed by several 'Dzemawodzii' one after the other or by spirits of the dead e.g. a war-like man; at which time she demands a sword and a man's cloth and struts about like a courageous man going into war. She may assume the gait and posture of a pregnant woman or that

of a coquettish young girl. Several times during the dancing, she goes back and forth to the 'medicine' man and mumbles a few words to him. These words are intelligible only to the healer. When the time comes for the spirit to leave, the 'woyo' rushes out of the circle towards her attendants and collapses into their arms. She is usually completely amnesic of all that transpired".

Having obtained a diagnosis by one of the several means, the fetish priest then prescribes the treatment. The therapeutics cover a whole gamut of operations from quite rational therapeutic measures such as, herbs, baths, massage, to magico-religious rites and spells. The therapy usually prescribed is a mixture of several of these methods. The medicines, herbs and even food for that matter are not thought of, in the context of this kind of healer, as having any pharmacological function of their own, rather they serve to please and cleanse spirits or supernatural powers.

When one visits a fetish priest's compound (such as Nana Oparebea's) one finds enough to either be reassured or to be frightened. At various locations on the compound one finds various articles of medicine or 'won', which are there to keep off evil spirits. One of these is called 'Otutu' and sits right in the middle of the compound. On the walls of the rooms in the house and on the doors hang several more objects:- bunches of herbs, feathers, miniature drums, iron padlocks and chains, knives, dead snakes and scorpions,

egg shells, skeletons of various reptiles and many more. One room is set aside for all the medicines that the healer uses. Nobody is allowed into this room except the healer and probably one of the trusted apprentices. Inside this room are more of the same objects and the skulls of sacrificed animals, usually goats. The power (hewale) of the medicine, is believed to reside in these objects. The herbs which are roots, leaves, and barks of various trees and shrubs, are used in conjunction with the 'won' to cure illness. These are usually boiled or burnt and made into a solution or ointment which the patient ingests or uses for a bath or for massage, or as enemas, expectorants, purgatives, diuretics. These potions are usually already prepared and ready for use, but sometimes the god himself determines what herb he wants used by directing the mediums into the bush to fetch it. The general knowledge of herblore is learnt from daily experience and during apprenticeships, however some healers claim to receive inspiration and guidance from supernatural beings in their use of herbs (see chapter one, Nana Oparebea). The same instruments mentioned above are also used by bad medicine men - Juju men - to send spells and bad medicine. Good and bad medicine are mutually exclusive; any good medicine man can never use any of his medicine ('wodzii') for causing harm otherwise all his wodzii will depart from the instruments which represent them.

The foregoing account describes what I would call the earlier traditional concepts of disease and its treatment.

Elements of this type of thinking still exists to a larger or smaller extent from one type of traditional healer to another. Disease in this context plays a very strong social function, it is a form of social sanction. The practice of this type of medicine reveals a strong moral element. In order for one person and his family to be free of disease, and to be in good health, he must abstain from committing adultery, he must not quarrel or bear grudge against others. Along this line of reasoning and of looking at things, certain conditions which can be found commonly in the community will not be considered as disease. In other words they will not meet the criteria for disease in the culture.

Ackerknecht has said that, "primitive medicines have differences which depend on the medical pattern which is built up and which is conditioned fundamentally by the culture. There is no inevitable position which illness and the healing art must take in society. Disease may be regarded in its narrowest physiologic limits..... or may become a symbol of danger menacing society through nature or through its own members..... . Society unconsciously gives these different places to disease in the course of history" (10). What is regarded as disease is thus not a biological fact but a decision of society. What is regarded in one culture as disease might not be so in another. For example yaws are so common among the Manos of Liberia that it is not considered as a disease. They are known to say, "Oh

that is not sickness, everybody has that" (11).

Certain practices which to Western thinking are inclusive with medical practice, to the Ghanaian are exclusive of what the fetish priest or the medicine man does. These are performed by other specialized people, who were not for some time thought of as healers. These are people who have developed tremendous technical skills to handle these problems which to orthodox medicine is in the realm of the surgeon. These are mid-wives or gynecologists, bone-setters or orthopedic surgeons and general surgeons. The designation gynecologist, orthopedic surgeon and general surgeon are used here only to serve as descriptive terms; it is not intended to imply that these specialists in the primitive society have the same skills or have the same knowledge as the orthopedic surgeon or gynecologist. The native specialists handle problems that arise from everyday activity; in other words not necessarily associated with any of the etiologic agents previously discussed. Some of their activities are:- treatment of wounds and sores, removal of arrows some of which are deep seated, amputations, removal of certain diseased organs, etc.

A common occurrence like childbirth is not a condition that a medicine man has to handle. In Ghana as in every other place it used to be taken care of by the older women of the house. It is reasonable to think that from these would develop more skillful mid-wives who could handle the more

complicated deliveries. Robert Felkin observed a caesarean operation performed on a twenty year old woman in Kahura Uganda in 1879 by a primitive surgeon. Banana wine served as anesthetic and disinfectant. Hemorrhage was checked with a red hot iron (12). Other less complicated surgical procedures are known to have been performed by primitive people, for example the Massai of East Africa are known to enucleate eyes and to amputate limbs with hopelessly complicated fractures with remarkable skill (13). Some of these skills have now come under the recognition as a healing art in Ghana, and in the next chapter I will describe one of these new healers, herbalists, and present an account by one of them of the causes of some common problems in Ghana.

FOOT NOTES

1. Field, M. J. 1937. Religion and Medicine of the Ga People. Oxford Univ. Press. London, New York and Toronto. pp 88.
2. Ibid. pp 111.
3. Cassirer, Ernst. 1955. The Philosophy of Symbolic Forms. Vol. 2. Mythical Thought. Yale Univ. Press. New Haven. pp 159.
4. Ibid. pp 203.
5. Ibid. pp 158.
6. Ibid. pp 164.
7. Ibid. pp 169.
8. Field, M. J. 1937. Religion and Medicine of the Ga People. Oxford Univ. Press. London. pp 115-116.
9. Ibid. pp 119.

10. Ackerknechet, E. H. 1971. Medicine and Ethnology. Selected Essays. Huber Bern Switzerland. pp. 54
11. Harley. G. W. 1970. Native African Medicine. Frank Cass and Co. Ltd., London. pp 21
12. Felkin, R. W. 1884. Caesarian Section in Uganda. Edinb. Med. Jour. 29:928 Quoted from Ackerknecht E. H. (10)
13. Merker, M 1910. Die Mssai. Berlin. Quoted from Ackerknecht. E. H.

CHAPTER V

THE CHANGING PICTURE OF TRADITIONAL MEDICINE

Many years ago, herblore was common knowledge among Ghanaians and there was widespread use of herbs as household remedies. At the start of any illness, these home remedies were tried first; no supernatural causes were invoked. People knew the pharmacological properties of the herbs. It seems further that, purely natural causes were assumed. For example, a person with a stomachache would be said to be suffering because of something he ate. In light of this several snails, mushrooms, fruits, etc. are known to be poisonous. If the individual with a specific problem fails to respond to the particular remedy known to relieve that problem, further help is obtained from more knowledgeable people. If the condition persisted then help was sought from a healer. If the symptoms subsided with any one of the treatments without having to see the healer, then it was not thought of as disease. Thus it was the chronic conditions which did not respond to the known remedies, and which ended up with the medicine man that were designated as disease. In fact we can understand how this is the case, because diseases which, according to belief, are sent by the supernatural forces as punishment would not respond to the herbs in the same way as a condition such as stomachache would. Proper supplications have to be made

and above all the person must realize his wrongdoing and confess. The other magical elements used by the healer is believed to make it possible for the herbs to be effective. If a person dies during the intervention of the fetish priest then his sins were too great and he could not be forgiven, or it might be because the relatives delayed in seeking the help of the healer; it does not in any way reflect the ineffectiveness of the particular healer.

From this long empirical tradition of using herbs in Ghana, a new type of healer has evolved, who practices mainly in the rural areas of the country. The herbalist, as he is called, today has the knowledge of herblore which once belonged to the general population. Since most people in Ghana now lack this knowledge, they have to seek the help of the herbalist when they are in trouble. Consequently conditions which previously were not included in the realm of disease have come to be regarded as such. And therefore the causes of disease have grown to incorporate purely physiological or organic mechanisms i.e. the involvement of the Gbomotso alone without necessarily including any spiritual or supernatural components. A condition such as stomachache is now looked upon as a sickness. Thus it seems that generalized knowledge is not associated with disease while specialized knowledge is. This is in a way similar to the idea that when a condition is common it is not thought of as disease.

The other specialized job which is now considered a healing art is bone-setting. In all these other healing arts the religio-magical performances to a large extent still occur. For example a bone-setter usually breaks the legs of a hen and sets that at the same time that a patient's broken leg is set. If the hen's bones heal properly and it is able to walk, this is taken to mean that the patient will heal normally. If the hen does not heal well it is concluded that the patient will also not heal well. This is one of the general principles of magic whereby one gains possession of things by mimetic representation (1). Some of the bone-setters I had opportunity to visit do not rely any longer on this mimetic representation.

There is no sharp demarcation between healers who are purely supernaturalistic and those who are not. They all accept a dual etiology, supernatural and non-supernatural. They will however emphasize or de-emphasize the supernatural depending on whether they are fetish priests or herbalists respectively.

For the non-supernatural causes, explanations are advanced which reveal a remarkable familiarity of human anatomy. Some of the healers were able to associate various symptomatology with corresponding organ systems. The general tendency is to blame the fluids bathing the organs. For example severe headache and some madness are said to be due to filth in the cerebro-spinal fluid.

I will like at this point to illustrate what has been said about the transition that has taken place with regard to the traditional concept of disease and methods of treatment, by presenting an account of a 'new' kind of traditional healer viz. the herbalist. This account should be contrasted with that of Nana Oparebea, the fetish priestess of Akonedi, given earlier on (chapter one). Nana Safo Okuampa is a one hundred and one year old herbalist at Aperidi (Akwapim).

"The old men from the past were able by the grace of God to do several wonderful things. They had great talents long before the white man came. They were able to take care of themselves and to cure most of their diseases with plain leaves, roots and the barks of several trees. Much of that knowledge has been lost because the children that inherited them did not preserve and pass on that knowledge. When I was growing up, I came to the realization that if we could keep some of the immense knowledge, it could be of help to us in the future. I therefore decided to learn from the old people. When any one got sick in my village and the old people went to the woods to fetch herbs I followed them, and asked the names of the different herbs

they used and I tried to remember what herbs were used for what ailment. I never went to study anything from another herbalist, however I am besieged by other herbalists when they hear that I have a cure for such and such a disease. I don't have special powers that help me find the right herbs to use as most people nowadays claim. It is the knowledge that has stood the test of time. Along the same lines I also learnt the history of our people to the point now that I am the authority in this Akwapim area. I have been consulted on several occasions by the government to help settle some of the thorny stool problems"

This is his account of how the two problems, insanity and infertility, are caused. It should be contrasted with Nana Oparebea's account.

"Every woman develops nodules or seeds in her breast at menarchy, and the number of nodules determine how many children she will have if she should be married. Each of these seeds enlarges during pregnancy to give rise to milk for nourishing the baby when it is born. When the women come to me with the problems of

(Physiologic
theory)
(2)

infertility, I have procedures that I go through to determine what the cause is and also to establish whether or not they will be able to have any children. I examine their breast and feel the seeds that I told you about. I am then able to know how many children they can have. I also have a special enema; after giving a small amount to a woman who is able to bear children she will react by vomiting within six to twelve hours. One who cannot have children will not vomit no matter how large a dose or how often she gets it. There are several reasons why some people are unable to have children. Of the people who come to me the commonest cause is repeated abortions performed by various and sundry methods. Most of these girls are very promiscuous while they are young and have to abort the pregnancies that result from their promiscuity. Gonorrhea is also a culprit at times. Besides the common things sometimes a couple might have incompatible blood and while they cannot have children together, they are able to have children with other partners.

(Physical exam)

(Diagnostic test)

(Dose related response)

(Differential diagnosis)

There are also those women who have something wrong with their ovaries and also those who have infrequent menses Yes there are cases where one discovers that it is the work of a curse or a witch. In those particular cases if I remove the curse the women usually are able to have children

Madness is for the most part caused by filth in the fluid that bathes the brain. This can be from eating something that disagrees with the person's body. There is another kind which runs in families, these people usually have epilepsy for some time before developing their madness. I can tell what type of madness an individual has by observing his behavior. This I have learnt from the old people. For example a person who is possessed by a fetish behaves differently from someone who is under the spell of a curse. Nowadays we see a lot of lazy girls who do not want to work and pretend to be possessed. I can spot them out very easily."

(Clinical
experience)

The traditional healers in Ghana generally seemed to have a fairly reasonable idea of the anatomy of the human

body and were able to associate various symptomatology with the corresponding organ system. Their discussion of the etiologies of the various disorders revealed their reliance on the supernatural only when they could not explain things in terms of their experience. For example in discussing the case of a woman who was brought by her relatives to one of the herbalists that I had the opportunity to talk to, for recurrent spontaneous abortions; the herbalist had this to say, "she most probably has a very weak uterus. Everything else seems to be in order. She is unlike those who are unable to conceive. In her case her uterus is weak and cannot contain the baby after three or four months, a witch or an evil spirit has destroyed her uterus. She must have done something terrible to incur such a fate. Of course she could also have been foolish enough to have somebody mess around with her in aborting a pregnancy in the past. There is so much of that happening these days." It is apparent from these few words that this particular herbalist has a pretty good idea of what processes are involved in conception and the maintenance of the fetus within the uterus for the nine months of pregnancy. The fact that there was this kind of thinking by these traditional healers was fascinating to me. I had assumed before I saw any of these healers that they would have rather bizarre answers for me, something like "I know this patient has epilepsy because the spirits that help

me in my work told me" or "..... because it is revealed to me in a trance or a vision." I was so preconditioned because of all the mystery and awe that surrounds these traditional healers and their work. It was surprising therefore to hear them explain things to me in terms that were familiar and more importantly were at times intelligent. This is true even in the case of Nana Oparebea the high priestess at Akonedi. This is in contrast to what has been held about primitive medicine.

Some workers have stated that primitives demonstrate an extreme ignorance of the connection between anatomy and physiology. According to these, experience in hunting, human sacrifices, cannibalism and autopsies performed by some primitive people should provide that knowledge (3). This line of reasoning assumes that the primitive people think in the same way as Western 'civilized' man. On the contrary mythical thought as we have seen precludes any such association between an animal's anatomy and man's own anatomy. This kind of association is not possible for mythical thinking. It might also be true that cannibalism could provide a knowledge of human anatomy. If we stop to think of cannibals for a moment and ask ourselves to what purpose such a knowledge is or what within the life of a cannibal would lead him to search for this type of knowledge? We realize the absurdity of the statement. People who offer human sacrifices have their own unique

concept of the human being within which the knowledge of human anatomy plays no part. It is not logical to call some one a cannibal and also to expect him to know correctly how the various organs that he devours function in a 'normal' human being. Besides these practices have been given up long before field ethnologists went to study these people in any detail. If any such knowledge existed it would have been forgotten or shrouded in myth. Ackerknecht says, "It is a well known fact that the anatomico-physiological knowledge of primitives is very scanty They must recognise and name an organ, but most of the time neither an linking of its real function nor its regular occurrence and position enter the mind" (4). It is not surprising to me as it is to Ackerknecht, that some of the internal organs are thought of as the result of witch-craft. Those who perform autopsies perform them for just this purpose; i.e. in cases where witch-craft is suspected (5). The fundamental ingredient of mythical thinking is such that comparisons and generalizations which is necessary to the development of an anatomico-physiological knowledge are alien to it. We find further support to this notion with respect to those elements of traditional medicine which may be considered rational. We see that the pharmacopea is inflated with mysterious 'ineffective' components which however command the same importance as the effective constituents. Of course the traditional healers do not

look upon these constituents as such; effective and non-effective.

My interviews, as I have already alluded to revealed that some of the healers had reasonably sensible concepts of what gave rise to all kinds of symptoms that their patients are likely to exhibit in much the same way as has been established for orthodox medicine. The difference from orthodox medicine is shown by the lower level of sophistication in terms of the knowledge they had and the persistence of the supernatural as a possible cause of disease. Granted that there are some autopsies performed in West Africa, we should not expect that each and every healer will be performing them. The knowledge that is derived from such practice will be limited to a few people in the same way that knowledge about herbs and various medicines is protected with all secrecy and passed on from father to son. Since there is no script, this presentation is more a general knowledge, in contrast to the Western world where all references and comparison is made to the work of great thinkers. One does not interview people on the streets of New York or London about the physiology of the human body or the theory of relativity. Yet we make comparisons with information obtained from lay people in a primitive society. I do realize however that, that is all there is for comparison.

All human societies 'primitive' and 'civilized' suffer

from disease. Every known human society develops methods of dealing with disease, but the attitude towards and the methods of fighting it varies tremendously. In the Western world, disease is entirely a biological and not a moral problem. No guilt is involved when one suffers from a hereditary disease. Disease is not associated with whether or not one's personal relations are good, one never thinks of one's behavior towards one's neighbor. To the primitive culture all these are extremely important. The magico-religious aspects of primitive medicine is quite obvious, at the same time there are certain aspects which may be called rational from the point of view of Western civilization. Orthodox medicine also definitely has magical elements even though it is overwhelmingly rational.

Some of the rational elements of primitive medicine bleeding, massage, bone-setting, tourniquets in snake bites as was said earlier are found in the hands of people who have been elevated to the healing arts. The fact that the reasons given for the performance of some of these rational procedures are illogical has been disappointing to some workers. They have felt that this meant that these people did not really know why they did the things they did. This is of course not true. The reasons that are given are logical within the framework of the primitive mind. If one assumes the same premises as the primitive, then his behavior and his reasons will become intelligible. The important

thing to be realized is that these measures are effective. It is irrelevant if the people who perform them do not know the most elementary notions of physiology, pharmacology, anatomy, etc. The fact that the Masai^s, who perform complicated surgery such as enucleation, amputation, and remove deep seated arrows, suture intestines together, etc., do not know how blood clots, does not make his achievements less remarkable. It is not necessary that they know the principles underlying the things they do for them to do it well. Several drugs have been known and used with effective results for a long time before orthodox medicine came to understand their pharmacology, (strophantine, emitine, picrotoxine, quinine, reserpine, were known to primitive medicine long before orthodox medicine). There are innumerable other effective emetics, purgatives, expectorants and diuretics used by primitive medicine men. The fascinating thing about primitive medicine is that it is an effectively functioning system based entirely on supernatural representation. If however we consider that mythical or supernatural images for primitive man are an attempt to answer the questions of how and why, the fact that the answers are irrational does not make his technical achievements less remarkable. It is not too difficult to think that this knowledge or expertise that the primitive man possesses can be attained through trial and error over a long period of time.

We have seen in the Ghanaian context that a form of evolution has taken place; there has been a movement towards finding physiological reasons for the symptoms or the diseases. Where this is not possible or proves too difficult, there is resort to the supernatural. One is not in a position to predict whether the culture as a whole is likely to continue along this line of evolution, to the point where the supernatural representation of the world is refuted. It is remarkable that the traditional healer with all his supernatural leanings should hold sway over a large portion of the population both literate and illiterate. The religio-magical practices have withstood the competition from Western medicine for a long time. It seems that people are now considering corroborating with the traditional healers, not only in the realm of psychiatry but with respect to learning more about their methods and the pharmacopea.

FOOT NOTES

1. Cassirer, Ernst. 1955. The Philosophy of Symbolic Forms. Vol. 2. Mythical Thought. Yale Univ. Press. New Haven. pp 68.
2. Methods and ideas which are familiar to Western orthodox medicine are present here and are indicated in parentheses.
3. Ackerknecht, E. H. 1971. Medicine and Ethnology. Selected Essays. Verlag Huber Bern. Switzerland. pp 90.

4. Ibid. pp 90.

5. Ibid. pp 92.

CHAPTER VI

SURVEY ON GHANAIAI BELIEFS AND CONCEPTS OF DISEASE AND
ATTITUDES TOWARDS TRADITIONAL VERSUS ~~ORTHO~~ MEDICINE

Having described the various traditional medicine-men and the concepts of health, disease and treatment in traditional terms, I then surveyed a segment of the general public to find out what their attitudes are towards these healers as opposed to the Western 'medicine man', the doctor. Much has been said and written about the extensive practice and fear of witch-craft and magic in Africa. One gets an impression from these readings that this phenomenon is peculiar to the rural illiterate population. An attempt was made to find out what the beliefs and attitudes of educated Ghanaians were in this regard, and also to find out their belief in traditional healers and their conception of the etiology of disease. The questionnaire (see appendix II) was presented to two groups of literate Ghanaians; lower sixth formers in secondary schools and civil servants and soldiers. The following schools were visited:- Adisadel, Mfantsipim (both boys' schools), Holy Child, Wesley Girls (both girls' schools) all four schools are in Cape Coast; Opoku Ware and Prempeh (boys' schools) in Kumasi and Achimota (a coeducational school) in Accra. All of them are boarding schools and the students are from all parts of the country. The only region that is not well

represented is the Northern part of the country. The adult population also consisted of people from all parts of the country working in Accra:- the ministries, Ghana Broadcasting Cooperation, Department of Civil Aviation and the Field Engineers' Regiment of the Ghana Armed Forces.

RESULTS

A total of 445 people answered the questionnaire. Of these 355 were male and 95 were female and five did not indicate their sex. There are fewer women than men because I visited two girls' schools compared to four boys' schools. There are more boys' schools in Ghana; and even in the coeducational schools more boys are enrolled than girls. In addition to this there were fewer women working in the places that I visited. No attempt was made to match the sexes.

The ages of the responders ranged from 16 to 71. They were divided into three categories:- young (16-22), Middle (23-30) and old (31 and above). For purposes of comparison, the middle age group was discarded because of their small number (37). There were 319 young people and 92 old.

It was felt at the beginning of the study that members of different tribes might give different answers. Certain tribes according to rumour practice more bad magic than others. Each tribe maintains that the other tribes are more steeped in the magical practices than itself. This

phenomenon where groups of people point to others as perpetrators of something that is shameful, is well known. For example, in Europe syphilis used to be known to the English as the French disease, the French in turn called it the Spanish disease and so forth. However there were not enough responders for each tribal group for this to be well tested. The four tribes with the largest number of responders were compared. These are Ashanti (20% of the responders), Fante (14.6% of the responders), Ewe (13.2% of the responders) and Ga (18.8% of the responders). There were 21 tribes represented.

Home towns were broken down into three groups, large (population greater than 100,000) e.g. Accra, Kumasi; medium (population between 10,000 and 100,000) e.g. Mampong Ashanti, Hohoe; and small (less than 10,000) e.g. Aburi and Yeji.

The occupation of the responders were as follows:-
323 (72.1%) students, 16 (3.6%) soldiers, and the rest civil servants. 275 or 93.5% of the people who answered the questionnaire reported that they are christians; 4 (1.6%) are moslems; 8 (2.7%) belong to spiritual quasi christian churches and 7 (2.4%) are non-conformist or do not have any religion. 161 responders did not answer this question.

The significance of the various differences was estimated by computing Chi-Square. An alpha level of five percent was chosen for significance. All the differences

stated were significant at the five percent level or ninety-five percent confidence limit. The Chi-Square values are given in appendix II with the tables.

The first few questions were intended to reveal what the general feeling is about belief in Juju. Juju in this context refers to religio-magical practices. The responders were asked how many people they thought believed in Juju. 75.3 percent of them said everybody or a considerable number of people believe in Juju. The responders were also asked how many people they felt used Juju. Even though many people were said to believe in Juju, few were said to practice it; and those who practiced it were said to be more likely to use it to treat sickness (39.0% of the responders think a considerable number of people do. See question 4), or to improve their lot (Question 3, 26.0% said a considerable number do), than use Juju to cause harm; only 11.7 percent said it was used as bad medicine (question 2).

There were differences in the responses given by young and old, with respect to certain tribal groups and finally with respect to home town, in this regard. A lot more young people (80.5%) than old (54.9%) felt that a considerable number of people believe in Juju (see question 1). More Ewes (78.2%) and Fantis (76.2%) said a considerable number of people believe in Juju than Ashantis (65.1%) and Gas (66.7%). 78.7 percent of people from small towns compared to 69.9 percent from large and 69.8 percent

from medium sized towns said the same thing (see table 1).

Both young and old people seemed to feel the same way about people using Juju to cause harm, and to improve their lot. There was no significant difference at the five percent level between their responses (see questions 2 and 3). However more young people (44.7%) than old (23.9%) said that a considerable number of people would seek the help of a Juju man if they were sick (question 4). More Ewes (46.4%) than any other tribe (Gas 20.0%; Ashantis 24.4%; and Fantis 28.6%) said that a considerable number of people use Juju to improve their lot. Otherwise the responses by the tribes to questions two and four were the same. There were no differences in this regard by home towns. Most of the responders (71.9%) maintain that most people who use Juju are illiterate or semi-literate. More young people (76.9%) felt this way than old people (63.0%). However it is remarkable that as large a percentage as 28 of this group of fairly well educated persons said that literate people do use Juju.

Another question tried to find out what the responders' own practices were when it came to the use of Juju. 61.8 percent of the people said they would not use Juju because it is all nonsense. 16.7 percent would not use it because they were afraid of what the consequences might be. A percentage of 21.5 would not hesitate to use it or would use it under special circumstances. Thus 38.2 percent by

their response to this question believe in the efficacy of Juju. Almost the same proportion of young (36.6%) and old (45.5%) seem by their responses to believe in Juju. However more older people (31.4%) would use it than young (17.0%) (see question 6). The reason for this seems to be that more of the young are afraid. 19.6 percent of them as opposed to 10.0 percent of the old stated that they would not use Juju because they are afraid of the consequences. With respect to this issue there were differences among the different tribes. More Ashantis (45.2%) and Ewes (52.6%) seemed to believe in Juju than Fantis (39.7%) and Gas (35.9%). 33.6 percent of the people from large towns and 44.7 percent of those from small towns believe in the effectiveness of Juju. This implies that people from the rural areas are more likely to believe in Juju.

The next set of questions were aimed at uncovering what diseases people believed each of the healers, Juju man, faith-healer, herbalist and medical doctor could cure. The majority thought each type of healer could successfully treat some kind of disease (72.5% of them said the Juju man, 69.9% said the faith-healer, 90.9% said the herbalist and 99.9% said the doctor could treat some diseases). Nobody felt that the doctor or the herbalist was entirely useless; but 10.0 percent said the Juju man and 9.9 percent said the faith-healer could not cure any disease.

It was interesting to note what people felt each type

of healer was best at treating. The doctor and herbalist seemed able from the point of view of most people to cure all kinds of organic diseases e.g. malaria, diabetes, syphilis, jaundice, fever, infection, convulsion, snake bite, fractures, skin diseases, etc. Juju men can be consulted for problems purportedly caused by evil spirits, witches and other supernatural beings e.g. madness, impotency, sterility and the like. The faith-healer like his counterpart in the bible was said to cure problems such as blindness, crippling, dumbness, deafness, etc. (All the examples were offered by the responders).

The questionnaire demonstrated that most people would see a doctor in case of their own sickness or of their friends and relatives. 98.7 percent of the people would seek the help of a doctor if they passed blood in their stool, 1.1 percent would seek the herbalist and none would seek the faith-healer or the Juju man. If a child passed worms in its stool, 98.0 percent would take it to see a doctor, none would go to a Juju man and a negligible number (less than 1.0%) would go to either a faith-healer or an herbalist.

If a friend smoked marijuana and started acting strangely, 88.8 percent would take him to a doctor, 4.6 percent to a faith-healer, 2.3 percent to an herbalist and 0.5 percent to a Juju man. In case of a snake bite 93.7 percent would see a doctor, and 5.4 percent an herbalist. With

regard to infertility 88.6 percent would go to a doctor and 3.4 percent to an herbalist and 3.0 percent to the faith healer and 2.1 percent would go to see the Jujuman. If a doctor is not helpful or is unable to relieve one's symptoms, 61.5 percent would go to another doctor, 24.4 percent would go to an herbalist, 9.5 percent to a faith healer, 2.0 percent to a Jujuman and 2.5 percent would see none of these. On being told of a Jujuman, who has been employed to work a spell against them, 20.6 percent said they would seek another Jujuman's help, 23.8 percent would go to a faith healer; 15.2 percent would seek a doctor's help and 1.8 percent would see an herbalist; and 38.7 percent would see none of these. These figures imply that 61.3 percent believe that the Jujuman is capable of causing them harm in the form of sickness by his magic.

From the above it appears that the doctor is the obvious choice in terms of problems that they believe the doctor can handle. If the doctor is not helpful then the herbalist becomes the second line of action for some (24.4%). Both these men, the doctor and the herbalist, are believed to treat the same gamut of diseases. In terms of problems that are thought to have supernatural etiology, the doctor and herbalist are considered less helpful and people seek supernatural help viz. faith healers and Jujumen.

It is remarkable that only 38.7 percent would not seek a healer on being told of a bad magic directed against them.

It was stated earlier that 61.8 percent said they would not use Jūju because it is all nonsense (Question 6). These figures do not reconcile. One can only conclude from this that some of the people who said earlier on that Juju was nonsense would still not feel comfortable on learning of a Jujuman's spell directed against them; they would see a doctor or an herbalist (about 17.0%) to be reassured, or would take positive steps, i.e. through the faith healer, they would use prayers to ward off the evil spirit. Approximately the same proportion (20.0%) that said they would seek the Jujuman under these circumstances also said they would use Juju when they felt it to be appropriate (21.5%).

The last few questions sought to establish what people's concepts are with respect to the causes of disease. A percentage of 32.8 said it is absolutely or partly true that most diseases are punishment meted out by the spirits for our wrong doing; 67.2 percent said this is not true. And 69.6 percent believe that supernatural beings have more control on our lives than can be explained by science. A percentage of 30.4 said this is not true. Most people (96.6%) maintained that diseases are due to the malfunction of certain organ systems in our bodies, which for the most part can be explained by science. 76.4 percent felt that even though medical science can explain most human diseases, sometimes some diseases overwhelm medical officers; and at this time the traditional healers are able to understand

what is going on; therefore in these cases the native healers are the only ones that can give help. Finally 65.0 percent said that bad magic can be used to cause sickness. This figure agrees with the proportion of responders mentioned earlier who by their actions seem to believe that Juju can cause sickness (61.3%) (see question 17).

These responders imply that most people hold parallel beliefs with respect to the etiology of disease viz. empirical or natural and mythical or supernatural. All the results are presented in tables in the appendix. Unless otherwise stated above, the variables age, tribe and hometown did not show any significant difference in the responses given to the questions.

DISCUSSION

There is a general sentiment among most Ghanaians that the world is full of many unseen forces, some of which are malevolent and others benevolent. The concept of the human being made up of the Gbomotso, Susuma, Kla and at times Gbesi implies supernatural influence on man's everyday activity. It is generally held that people can use these forces to influence other people's health, security and welfare adversely. This notion is borne out by the questionnaire which revealed that a majority of the responders maintain that there is widespread belief in Juju ('won'). We notice at the same time that not everybody believes in Juju.

Why do some people believe in Juju and others do not? One might suggest that Christianity has somehow contributed to this or that the introduction of Western culture has resulted in the emancipated Africans no longer holding on to their traditional beliefs. In fact this is what the Christian missionaries taught. They fought hard to make the African give up his customs and practices which were said to be primitive. A lot of Ghanaians both literate and illiterate have accepted Christianity in its various forms and shapes as embodying something similar to their own ideas of the supernatural forces. Consequently, whichever of the imported denominations is espoused it is blended with the traditional beliefs. There is no sense of incongruity for some, about attending church on one occasion and visiting native diviners and fetish priests on another. Some who are not so bold or in order to save face, will seek the native healer surreptitiously when in need. The principle seems to be that it is dangerous to defy too openly the authority of the old people and the forces of traditional customs. The truths of the past and those of the new all have their places in everyday life.

The results of this questionnaire reflect an interesting fact concerning literate Ghanaians. In view of the influence of the missionary teachers and the changing conditions, it is considered backward to partake in the traditional ceremonies. Belief in Juju and the use of traditional healers is thought to be common among the rural illiterate.

71.9 percent of the educated Ghanaians who answered the questionnaire said that most people who use Juju are either illiterate or semi-literate. Furthermore 61.8 percent said they would not use Juju because it is nonsense. However their behavior in times of stress indicate that a lot more of them believe but will not admit to it. They will secretly go to these traditional healers for protection, for treatment of illness, etc. This is revealed by one of the questions (question 17) which asked whom they would go to for help if they found out a Juju man has been asked to work 'bad medicine' against them? Even though 61.8 percent had said earlier that they thought Juju was all nonsense (question 6), only 38.7 percent responded to this question by saying they would do nothing. The others it seems would be scared enough to see a doctor or a herbalist presumably to make sure everything was alright or they would see a faith-healer to pray to rid them of the curse of the Juju man.

From the results only about 30.0 percent of the responders consistently assert their disbelief in Juju and its ability to cause harm, and will not depend on it for anything (see results, questions 17 and 22).

Though most literates maintain that the use or belief in Juju is more common among illiterates I do not think this is so. Unfortunately I do not have a group of illiterates to compare with. I do feel that the use or

belief in Juju is more associated with urban versus rural than literate versus illiterate. In the urban areas the tempo of life makes personal relations less intimate compared to the rural areas. People in these places are more independent. This independence from the elders is slowly extended to the mythical images. People slowly begin to realize how much they can do without the help of the supernatural powers. The older people who would insist on the proper ceremonies at the proper time are not around. These ceremonies are neglected until a misfortune occurs, then these urban dwellers run back to their villages to ask for forgiveness from the supernatural powers. Furthermore the impact of the change brought by Western influence is felt more in a metropolis than in a village. People are subjected to much more in the large towns and soon begin to examine the long held beliefs which they have previously accepted without question. It is probably true that a larger proportion of literate Ghanaians live in urban areas. However, it is also most likely that most of the people living in urban areas are illiterate. The questionnaire reveals that more people from rural areas or small towns and villages (44.7%) believe in the efficacy of Juju than people from large towns (33.6%). Though this difference is significant it is not remarkably large. The large and small towns are not therefore very different in this respect. The evolution of mythical thought through its various stages up to its

transition to empirical thinking is such that it will involve the whole of the country. Unless certain areas were completely isolated, one should not expect marked differences in concepts and beliefs from one place to the other. The influence of the West has not been that overwhelming in the area of beliefs about disease and their causes. Besides the West is not free from supernatural influence on people's thinking about disease. There are Western practices such as chiropractic which are not strictly empirical.

It is difficult to interpret the tribal differences in any meaningful way. The only consistent finding is that more Ewes felt that there was a wide spread belief in Juju and also by their response to question six more of them seem to believe in the efficacy of Juju. The responses to the rest of the questionnaire were quite similar. One might suggest the longer exposure to the West by the coastal tribes through trade leading to less reliance on the magical interaction of the supernatural. While this can be said about the Gas and Fantis it does not explain the higher percentage among the Ewes. I am inclined to think this is not an important difference. Besides the differences are not that remarkable and the same thing that that was said above with regard to home towns applies here.

What is more important to note is that the concepts of health and disease as elicited from the questionnaire is very much similar to that given by the healers. The

supernatural still plays an important part in the etiology of disease. We see also that parallel etiological beliefs are held i.e. the scientific or naturalistic reasons are advanced to explain problems which they understand; and supernatural causes are invoked when they are baffled. This is a familiar occurrence that Cassirer mentions, viz. as mythical thinking develops the areas of human activity which is well mastered is not associated with too many mythical images, but when man ventures into a new realm then he relies on his mythical images and his omnipotence of thought to deal with the new experience (1).

The attitudes and beliefs seem to be quite uniformly held within the group that was examined with respect to young and old, tribe and home town. The differences that arose due to tribe and home town have already been discussed. The first few questions were answered differently by young and old people, (see results). Part of the reason for this has to do with inhibitions. The older people were those more likely to have been taught by missionaries i.e. those above forty years. These were taught that it is bad to perform traditional customs, thus more of them would say only few people use Juju or believe in it. More of the young people who are less inhibited said there is a widespread belief in and use of Juju. The missionaries who taught the older people were intent on discrediting and belittling every aspect of traditional life. Most older

literate Ghanaians are consequently more ashamed of their past, and when they seek the help of the traditional healer will do so in secrecy.

As was mentioned above there is a lot of ambiguity in the minds of most literate Ghanaians with respect to the traditional healers; this is more so in the older than the younger people. Slightly more older responders (45.5%) seem to believe in Juju (Question 6) than young (36.6%). More old people would use it; and more young people are afraid of it. One might say that the old with their longer experience in the world have had a lot more problems and are more likely to have sought the help of Juju man. This is probably what this result reflects. There does not appear to be any change between old and young with regard to belief in Juju.

The Ghanaian, from this questionnaire appears to have adopted what is best of the two worlds. The most effective and most practicable ideas of both cultures have been adopted, with respect to medicine. The problems that are felt to be best handled by Western medicine are organic. We see from the results that for all the medical problems stated in the questionnaire the majority of the people would seek the doctor. There appears to be no question in people's minds about his superiority in the handling of medical problems. The traditional healer who is similar to the doctor in his practices - herbalist - comes a poor second.

However, a lot more people would seek the herbalist if a doctor is not helpful. With respect to psychiatric problems or problems where supernatural causes are suspected the doctor is not as popular.

The traditional healer or fetish priest in particular has been successful and still commands a lot of respect and confidence in this branch of medicine, because his rite is part of the common faith and beliefs of the whole community which sometimes partakes in the rituals of the therapeutic process. The totality of the cultural myths, religion, history and spirit enters into the treatment. Western medicine makes distinction between objective physical treatment and psychology. This dualistic approach to disease is alien to the fetish priest. His pharmacopea is grossly inflated by 'non-effective' elements from the Western medicine's point of view. But to the fetish priest each and every component is necessary for treatment. All of them serve a magical function to the mythical mind. The ideas about disease are more closely connected with the general thinking and feeling unlike in the 'civilized' world. There is a unity of medical lore with the whole life and thought which makes it very strong. "These healers have served a very useful social function; far beyond counter-acting the disruptive effects of disease on society. As Ackerknecht says, " Disease becomes the most important sanction against asocial behavior in primitive societies,

providing at little expense the services that in our society are rendered by courts, policemen, newspapers, teachers, priests and soldiers. The medical practitioner holds the keys to social control. Witch diagnosis usually confirms public opinion. Medical diagnosis thus becomes a kind of social justice" (2). These traditional healers in Ghana have historically been quite powerful socially, and remain so in the more remote parts where they serve to provide the greater proportion of health care to the people.

Medicine does not have the same kind of meaning in the Western world. Here it has become rationalized and purely biological. It has important objective influence on society, producing demographic changes, financial burdens, etc. However, it has lost its sacred character, its social control function, its subjective influence on society and its meaning in moral terms. It has changed from a major factor conditioning social behavior, to a mere function of society. (3).

FOOTNOTES

1. Cassirer, Ernst 1955. The Philosophy of Symbolic Forms. Vol. 2. Mythical Thought. Yale Univ. Press. New Haven
2. Ackerknecht, E. H. 1971. Medicine and Ethnology. Selected Essays. Huber Bern. (Ed. H. H. Wasler and H. M. Koelbing) Zollikofer and Co. Switzerland. pp 168
3. Ibid. pp 170.

SUMMARY

The traditional concepts of disease and the practice of medicine as we have seen, has a rather strong mythical basis. We have also seen that the herbalist and the other 'medical' specialists, such as the bone-setter, are more naturalistic in their approach to disease, and are becoming increasingly more so. However, the supernatural has not been completely abandoned. It is hoped that the account on mythical thought has helped in understanding how the mythical elements in traditional Ghanaian thinking came about.

It is needless to say that orthodox medicine is superior to traditional methods with particular reference to organic problems, however, the same thing is not true when one considers psychiatric problems. In this case the traditional methods are just as good, and with respect to the African, more meaningful. As we have shown in the survey, a significant number of people who would normally use the Western trained doctor for physical problems, would seek the native healer for psychiatric problems or special problems. Their concept of the etiology of disease dictates this decision. When it is felt that supernatural powers, such as dead ancestors, 'Dzemawodzii' etc., are the cause of the condition then it follows that they would seek the native healer. The Western doctor would not be helpful since he has not been trained to communicate with the supernatural powers.

It will be worthwhile for the Ghanaian people if these traditional healers are studied into greater detail so that the useful aspects of their practice are preserved. As Nana Safro Okuampa said, there is a tremendous amount of knowledge which has come down from the past. A great proportion of this has undoubtedly been lost. However, there is still a lot that can be learnt from these traditional healers. Besides they can be utilized more effectively to relieve the problem of shortage of doctors.

These traditional healers do not command a great deal of respect with the Western trained doctors. It is hoped that this study will help to make more people appreciate their usefulness and thus give them the recognition that they so rightly deserve.

APPENDIX I

QUESTIONS ASKED DURING INTERVIEW WITH TRADITIONAL HEALERS.

1. What type of healer are you?
2. How did you become a healer?
3. Was your father or grandfather a healer?
4. What are some of the commonest problems that are brought to you?
5. What is madness?
6. Are all madness the same?
7. How can you tell the difference between the different kinds of madness?
8. Is everybody susceptible to any kind of madness?
9. When a patient is brought to you, how do you go about to determine what is wrong with him (for instance that he is mad)?
10. How do you treat madness?
11. Are all the various kinds responsive to treatment?

Questions 5 to 11 are repeated for various ailments or symptoms e.g. stomachache, headache, infertility, impotence, fever, sickle cell disease, etc.

12. Are you capable of curing all diseases or do you specialize in any kind of disorder?
13. Do you use herbs?
14. Do you have any supernatural assistance in deciding what procedure to use?
15. What are your feelings about other healers and orthodox medicine?

The interviews lasted an average of five hours with each healer. Some of the questions prompted lengthy discussions. I also spent some time talking to some of the assistants and patients. I spent some time on the compound seeing as much as I was allowed to see.

APPENDIX II

Table 1. Responses to question 1: How many people do you think believe in Juju?

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Everybody	10.0	9.0	+	7.0	-	1.0	-	-	6.0	3.0
% who said everybody	2.2	2.8	1.1	8.5	-	2.0	-	-	4.7	2.0
A considerable number	331.0	256.0	50.0	55.0	46.0	39.0	47.0	102.0	90.0	118.0
% who said considerable number	73.1	80.5	54.9	67.1	75.4	79.6	67.1	69.9	69.8	78.7
Only a few	110.0	51.0	40.0	19.0	15.0	9.0	23.0	44.0	33.0	27.0
% who said only a few	24.3	16.0	44.0	23.2	24.6	18.4	32.9	30.1	25.6	18.0
None	2.0	2.0	-	1.0	-	-	-	-	-	2.0
% who said none	0.4	0.6	-	1.2	-	-	-	-	-	1.3

Chi-Square

32.403

19.049

16.267

*

 $p > 0.05$ $p > 0.05$ $p > 0.05$

* Probabilities that were greater at the 0.05 level and which indicate significant differences have been indicated.

Table 2. Responses to question 2: How many people would you say use Juju to cause harm to others?

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Everybody	1.0	1.0	-	-	-	-	-	-	1.0	-
% who said everybody	0.2	0.3	-	-	-	-	-	-	0.8	-
A considerable number	53.0	42.0	6.0	9.0	6.0	6.0	5.0	16.0	13.0	18.0
% who said considerable number	11.7	13.2	6.6	11.0	9.8	12.0	7.1	11.0	10.0	12.1
Only a few	381.0	259.0	83.0	67.0	52.0	44.0	63.0	124.0	110.0	125.0
% who said only a few	84.1	81.4	91.2	81.7	82.2	88.0	90.0	84.9	84.6	83.9
None	18.0	16.0	2.0	6.0	3.0	-	2.0	6.0	6.0	6.0
% who said None	4.0	5.0	2.2	7.3	4.9	-	2.9	4.1	4.6	4.0

Chi-Square

5.021

6.833

2.618

Table 3. Responses to question 3 : How many people do you think use Juju to improve their lives, for example, to get rich, to improve their work, to get a job or to help them pass exams?

Answer	AGE				TRIBES				TOWNTOWN		
	Total	Young	Old		Ashanti	Fante	Fwe	Ga	Large	Medium	Small
Everybody	2.0	1.0	-		-	1.0	-	-	-	1.0	1.0
% who said everybody	0.4	0.3	-		-	1.6	-	-	-	0.8	0.7
A considerable number	110.0	26.0	23.0		19.0	17.0	24.0	14.0	43.0	25.0	44.0
% who said considerable number	26.3	27.0	25.0		23.2	27.9	48.0	20.3	29.5	19.2	29.5
Only a few	305.0	209.0	65.0		56.0	40.0	26.0	52.0	96.0	95.0	95.0
% who said only a few	67.3	65.0	71.4		68.3	65.6	52.0	75.4	65.8	73.1	63.8
None	27.0	22.0	3.0		7.0	3.0	-	3.0	7.0	9.0	9.0
% who said none	6.0	6.0	3.3		8.5	4.0	-	4.3	4.8	6.0	6.0

Chi-Square

2.231

21.023

6.179

*

 $p > 0.05$

Table 4. Responses to question 4 : How many people do you think would seek the help of a Juju if they were sick?

Answer	AGE			TRIBES				HOMETOWN		
	Total	Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Everybody	-	-	-	-	-	-	-	-	-	-
% who said everybody	-	-	-	-	-	-	-	-	-	-
A considerable number	117.0	142.0	22.0	33.0	26.0	23.0	24.0	53.0	45.0	70.0
% who said considerable number	39.0	44.7	23.9	40.2	42.6	46.0	34.3	36.3	34.6	46.7
Only a few	273.0	174.0	68.0	48.0	34.0	27.0	46.0	92.0	84.0	78.0
% who said only a few	60.1	54.7	73.9	58.5	55.7	54.0	65.7	63.0	64.6	52.0
None	4.0	2.0	2.0	1.0	1.0	-	-	1.0	1.0	2.0
% who said none	0.9	0.6	2.2	1.2	1.6	-	-	0.7	0.8	1.3

Chi-Square

13.874

5.281

5.793

*

 $p > 0.05$

Table 5i. Responses to question 5i : Most people who use Juju are either illiterate or semilliterate

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
True	325.0	243.0	58.0	63.0	43.0	33.0	53.0	102.0	98.0	105.0
% who said true	71.9	76.9	63.0	76.5	71.7	66.0	76.8	70.3	76.0	70.0
False	127.0	73.0	34.0	19.0	17.7	17.7	16.0	43.0	31.0	45.0
% who said False	28.1	23.1	37.0	23.5	28.3	34.0	23.2	29.7	24.0	30.0

Chi-Square

6.372

2.158

4.061

*

 $p > 0.05$

Table 5ii. Responses to question 5ii: Most of the people who use Juju are literate:

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
True	48.0	28.0	13.0	3.0	7.0	4.0	10.0	21.0	11.0	12.0
% who said true	10.7	8.9	14.4	3.8	11.5	8.5	14.3	14.7	8.6	8.1
False	399.0	286.0	77.0	77.0	54.0	43.0	60.0	122.0	117.0	136.0
% who said false	89.3	91.1	85.6	96.3	88.5	91.5	85.7	85.3	91.4	91.9

Chi-Square

1.777

5.528

4.061

Table Siii. Responses to question Siii : Literacy has nothing to do with Juju and its use or non-use.

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
True	275.0	178.0	66.0	44.0	36.0	28.0	44.0	80.0	80.0	99.0
% who said true	62.8	58.4	73.3	57.1	61.0	58.3	63.3	55.9	64.0	68.3
False	163.0	127.0	34.0	33.0	23.0	20.0	25.0	63.0	45.0	46.0
% who said false	37.2	41.6	26.7	42.9	39.0	47.7	36.2	44.1	36.0	31.7

Chi-Square

5.979

0.872

4.809

*

 $p > 0.05$

Table 6. Responses to question 6 :

- a. I will never use Juju because I think it is all nonsense.
 b. I will never use Juju because I am afraid of the consequences.
 c. I will not hesitate to use Juju under the appropriate circumstances.
 d. I will only use Juju under very few special circumstances.

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Nonsense	270.0	194.0	52.0	44.0	35.0	21.0	43.0	95.0	78.0	78.0
% who said nonsense	61.8	63.4	58.4	55.0	60.3	46.7	65.2	67.4	60.9	55.3
Afraid	73.0	60.0	9.0	18.0	11.0	11.0	10.0	19.4	20.0	29.0
% who said Afraid	16.7	19.6	10.1	22.5	19.0	24.4	15.2	13.5	15.6	20.6
No hesitation	27.0	20.0	5.0	6.0	4.0	3.0	5.0	7.0	8.0	11.0
% who said no hesitation	6.2	6.5	5.6	7.5	6.9	6.7	7.6	5.0	6.3	7.8
Special circumstances	67.0	32.0	23.0	12.0	8.0	10.0	8.0	20.0	22.0	23.0
% who said special circumstances	15.3	10.5	25.8	15.2	13.8	22.2	12.1	14.2	17.2	16.3

Chi-Square

15.645

7.397

5.225

p > 0.05

Table 7. Responses to question 7: I believe that medicine men or Juju-men can cure:

Answer	AGE			TRIBES				HOMETOWN		
	Total	Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
No disease	48.0	37.0	6.0	8.0	8.0	5.0	9.0	18.0	13.0	16.0
% who said no disease	10.9	11.9	6.6	9.5	12.9	9.1	11.1	12.0	10.2	10.8
Some	319.0	217.0	72.0	60.0	44.0	42.0	57.0	65.7	78.9	73.6
All	-	-	-	-	-	-	-	-	-	-
% who said all	-	-	-	-	-	-	-	-	-	-
Don't know	73.0	58.0	13.0	16.0	10.0	8.0	15.0	31.0	14.0	14.0
% who said don't know	16.6	18.6	14.3	19.0	16.1	14.5	18.5	21.7	10.9	15.5

Chi-Square

3.471

1.231

6.911

Table 8. Responses to question 8 : I believe true or pure faith healers are capable of curing:

Answer	Total	AGE		TRIBES					HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga		Large	Medium	Small
No disease	44.0	29.0	9.0	11.0	6.0	6.0	3.0		13.0	14.0	14.0
% who said no disease	9.9	9.2	9.8	12.9	9.5	10.9	3.7		9.0	10.9	9.3
Some	268.0	184.0	59.0	56.0	36.0	35.0	50.0		87.0	83.0	88.0
% who said some	60.4	58.4	64.1	65.9	57.1	63.6	61.7		60.0	64.3	58.7
All	42.0	34.0	5.0	8.0	9.0	2.0	12.0		19.0	8.0	15.0
% who said all	9.5	10.8	5.4	9.4	14.3	3.6	14.8		13.1	6.2	10.0
Don't know	90.0	68.0	19.0	10.0	12.0	12.0	16.0		26.0	24.0	33.0
% who said don't know	20.3	21.6	20.7	11.8	19.0	21.8	19.8		17.9	18.6	22.0

Chi-Square

2.578

11.736

4.669

Table 9. Responses to question 9 : A medical doctor is able to cure:

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
No disease	-	-	-	-	-	-	-	-	-	-
% who said no disease	-	-	-	-	-	-	-	-	-	-
Some	378.0	283.0	75.0	73.0	51.0	47.0	70.0	117.0	111.0	131.0
% who said some	84.8	86.1	81.5	84.9	82.3	83.9	86.4	80.1	86.0	86.8
All	65.0	42.0	16.0	12.0	10.0	9.0	10.0	26.0	18.0	20.0
% who said all	14.6	13.2	17.4	14.0	16.1	16.1	12.3	17.8	14.0	13.2
Don't know	3.0	2.0	1.0	1.0	1.0	-	1.0	3.0	-	-
% who said don't know	0.7	0.6	1.1	1.2	1.6	-	1.2	2.1	-	-

Chi-Square

1.242

1.372

7.378

Table 10. Responses to question 10 : A herbalist is able to cure:

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Aschanti	Fante	Ewe	Ga	Large	Medium	Small
No disease	11.0	7.0	2.0	-	-	3.0	2.0	5.0	1.0	3.0
% who said no disease	2.5	2.2	2.2	-	-	5.5	2.5	3.4	0.8	2.0
Some	400.0	285.0	81.0	79.0	58.0	50.0	69.0	123.0	120.0	141.0
% who said some	90.1	90.2	89.0	91.9	92.1	90.9	85.2	84.2	93.8	94.0
All	4.0	0.6	1.1	-	-	1.0	1.0	2.0	1.0	1.0
% who said all	0.9	0.6	1.1	-	-	1.8	1.2	1.4	0.8	0.7
Don't know	29.0	22.0	7.0	7.0	5.0	1.0	9.0	16.0	6.0	5.0
% who said don't know	6.5	7.0	7.7	8.1	7.9	1.8	11.1	11.0	4.7	3.3

Chi-Square

0.272

13.480

11.251

Table 11. Responses to question 11 : Which of the following would you go to see if you passed blood in your stools for a week?

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Faith healer	-	-	-	-	-	-	-	-	-	-
% who said faith healer	-	-	-	-	-	-	-	-	-	-
Herbalist	5.0	4.0	1.0	-	-	-	-	1.0	3.0	1.0
% who said herbalist	1.1	1.3	1.1	-	-	-	-	0.7	2.3	0.7
Tujuman	-	-	-	-	-	-	-	-	-	-
% who said Tujuman	-	-	-	-	-	-	-	-	-	-
Doctor	441.0	313.0	91.0	86.0	62.0	56.0	81.0	144.0	127.0	150.0
% who said a doctor	98.7	98.4	98.9	100.0	98.4	100.0	100.0	98.6	97.7	99.3
None	1.0	1.0	-	-	1.0	-	-	1.0	-	-
% who said none	0.2	0.3	-	-	1.6	-	-	0.7	-	-

Table 12. Responses to question 12: Whom would you take your child or your younger brother or your sister to see if he or she passed some worms in his or her stools?

Answer	AGE			TRIBES				HOMETOWN		
	Total	Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Faith healer	2.0	2.0	-	2.0	-	-	-	-	1.0	-
% who said faith healer	0.5	0.6	-	2.3	-	-	-	-	0.8	-
Herbalist	3.0	3.0	-	-	-	-	-	1.0	1.0	1.0
% who said herbalist	0.7	0.9	-	-	-	-	-	0.7	0.8	0.7
Jujuman	0.0	-	-	-	-	-	-	-	-	-
% who said Jujuman	-	-	-	-	-	-	-	-	-	-
Doctor	432.0	309.0	87.0	84.0	61.0	52.0	79.0	140.0	127.0	150.0
% who said a doctor	98.0	97.2	100.0	97.7	98.4	94.5	100.0	98.6	97.7	98.0
None	4.0	4.0	-	-	1.0	3.0	-	1.0	1.0	2.0
% who said none	0.9	1.3	-	-	1.6	5.5	-	0.7	0.8	1.3

Chi-Square

2.518

13.332

2.645

Table 13. Responses to question 13 : Whom would you take a friend to see if after smoking some marajuana (wee) he started acting strangely for several days?

Answer	Total	AGE		TRIBES					HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small	
Faith healer	20.0	19.0	1.0	4.0	4.0	3.0	-	1.0	10.0	9.0	
% who said faith healer	4.6	6.0	1.1	4.7	6.5	5.4	-	0.7	7.8	6.0	
Herbalist	10.0	7.0	2.0	2.0	-	1.0	1.0	1.0	3.0	4.0	
% who said herbalist	2.3	2.2	2.3	2.4	-	1.8	1.3	0.7	2.3	2.7	
Jujuman	2.0	2.0	-	-	-	-	-	-	1.0	1.0	
% who said Jujuman	0.5	0.6	-	-	-	-	-	-	0.8	0.7	
Doctor	390.0	274.0	81.0	74.0	56.0	49.0	73.0	134.0	109.0	130.0	
% who said a doctor	88.8	87.9	92.0	87.1	90.3	87.5	92.4	93.7	85.2	87.2	
None	17.0	13.0	4.0	5.0	2.0	3.0	5.0	7.0	5.0	5.0	
% who said none	3.9	4.1	4.5	5.9	3.2	5.4	6.3	4.9	3.9	3.4	

Table 14. Responses to question 14 : If you were bitten by a snake would you go to see a:

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Faith healer	2.0	1.0	-	-	-	-	-	1.0	1.0	-
% who said faith healer	0.5	0.3	-	-	-	-	-	0.7	0.8	-
Herbalist	24.0	23.0	1.0	7.0	2.0	2.0	3.0	5.0	8.0	-
% who said herbalist	5.4	7.3	1.1	8.1	3.2	3.6	3.8	3.5	6.3	7.3
Jujuman	1.0	1.0	-	-	-	-	-	-	1.0	-
% who said Jujuman	0.2	0.3	-	-	-	-	-	-	0.8	-
Doctor	413.0	291.0	87.0	79.0	60.0	54.0	76.0	137.0	118.0	139.0
% who said a doctor	93.7	91.8	98.9	91.9	96.8	96.4	96.2	95.8	92.2	92.1
None	1.0	1.0	-	-	-	-	-	-	-	1.0
% who said none	0.2	0.3	-	-	-	-	-	-	-	0.7

Chi-Square

5.553

2.702

7.309

Table 15. Responses to question 15: If you and your wife are unable to have children to whom will you go to find out why?

Answer	AGE			TRIBES				HOMETOWN		
	Total	Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Faith healer	13.0	11.0	2.0	5.0	1.0	-	2.0	2.0	6.0	4.0
% who said faith healer	3.0	3.5	2.3	6.1	1.7	-	2.9	1.4	4.7	2.7
Herbalist	15.0	8.0	3.0	-	2.0	2.0	1.0	5.0	4.0	5.0
% who said herbalist	3.4	2.5	3.4	-	3.4	4.2	1.5	3.5	3.1	3.3
Jujuman	9.0	8.0	1.0	4.0	-	-	1.0	1.0	5.0	3.0
% who said jujuman	2.1	2.5	1.1	4.9	-	-	1.5	0.7	3.9	2.7
Doctor	398.0	276.0	81.0	70.0	55.0	44.0	61.0	127.0	110.0	135.0
% who said doctor	88.6	87.3	93.1	85.4	93.2	91.7	89.7	90.1	85.3	90.0
None	13.0	13.0	-	3.0	1.0	2.0	3.0	6.0	4.0	3.0
% who said none	3.0	4.1	-	3.7	1.7	4.2	4.4	4.3	3.1	2.0

Table 16. Responses to question 16 : If you were told by a doctor that he (the doctor) could not find the reason for your complaints and if furthermore the medication he prescribed for you is unable to relieve your symptoms, would you seek help from:

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Another Doctor	272.0	194.0	55.0	50.0	45.0	21.0	44.0	93.0	75.0	90.0
% who said another doctor	61.5	61.6	61.1	62.5	73.8	42.9	62.9	63.7	58.6	60.0
Faith healer	42.0	32.0	7.0	7.0	5.0	4.0	11.0	16.0	12.0	14.0
% who said faith healer	9.5	10.2	7.8	8.8	8.2	8.2	15.7	11.0	9.4	9.3
Herbalist	108.0	70.0	27.0	17.0	7.0	22.0	14.0	30.0	37.0	37.0
% who said herbalist	24.4	22.2	30.0	21.3	11.5	44.9	20.0	20.5	28.9	24.7
Jujuman	9.0	9.0	-	1.0	2.0	-	1.0	3.0	2.0	4.0
% who said Jujuman	2.0	2.9	-	1.3	3.3	-	1.4	2.1	1.6	2.7
None	11.0	10.0	1.0	5.0	2.0	2.0	-	4.0	2.0	5.0
% who said none	2.5	3.2	1.1	6.3	3.3	4.1	-	2.7	1.6	3.3

Table 17. Responses to question 17 : If you were told by a friend that a Juju man has been asked to make sick, which of the following would you see?

Answer	Total	AGE		TRIBES				HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Faith healer	105.0	77.0	15.0	24.0	11.0	10.0	22.0	36.0	25.0	39.0
% who said faith healer	23.8	24.4	16.7	30.0	18.0	20.4	31.9	24.8	19.5	26.0
Herbalist	8.0	5.0	3.0	2.0	1.0	4.0	-	1.0	3.0	4.0
% who said herbalist	1.8	1.6	3.3	2.5	1.6	8.2	-	0.7	2.3	2.7
Jujuman	91.0	63.0	23.0	16.0	13.0	14.0	13.0	28.0	29.0	32.0
% who said Jujuman	20.6	20.0	25.6	20.0	21.3	28.6	18.8	19.3	22.7	21.3
Doctor	67.0	45.0	14.0	13.0	11.0	5.0	12.0	25.0	18.0	20.0
% who said a doctor	15.2	14.3	15.6	16.3	18.0	10.2	17.4	17.2	14.1	13.3
None	171.0	125.0	35.0	25.0	25.0	16.0	22.0	55.0	53.0	55.0
% who said none	38.7	39.7	38.9	31.3	41.0	32.7	31.9	37.9	41.4	36.7

Chi-Square

4.050

16.178

4.712

Table 18. Responses to question 18 : Most diseases are the result of what the "spirits" do to punish us for our wrong-doings. This is:

Answer	Total	AGE		TRIBES					HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small	
Absolutely true	21.0	8.0	9.0	1.0	-	3.0	5.0	11.0	4.0	5.0	
% who said absolutely true	4.8	2.6	9.9	1.3	-	6.3	7.1	7.6	3.1	3.4	
Partially true	123.0	88.0	22.0	25.0	16.0	16.0	16.0	31.0	33.0	53.0	
% who said partially true	28.0	28.2	24.2	31.3	26.2	33.3	22.9	21.4	26.0	35.6	
Completely false	296.0	216.0	60.0	54.0	45.0	29.0	49.0	103.0	90.0	91.0	
% who said completely false	67.3	69.2	65.9	67.5	73.8	60.4	70.0	71.0	70.9	61.1	

Chi-Square

9.494

11.247

10.682

*

 $p > 0.05$ $p > 0.05$

Table 19. Responses to question 19 : Spirits or some supernatural powers have more control on our lives than can be explained by science. This is:

Answer	Total	AGE		TRIBES					HOMETOWN		
		Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small	
Absolutely true	108.0	68.0	29.0	18.0	15.0	17.0	17.0	33.0	26.0	45.0	
% who said absolutely true	24.8	21.9	33.0	21.4	24.6	32.1	21.5	23.1	20.5	30.6	
Partially true	195.0	140.0	32.0	38.0	35.0	23.0	39.0	73.0	53.0	59.0	
% who said partially true	44.8	47.1	36.4	45.2	57.4	43.4	49.4	51.0	41.7	40.1	
Completely false	132.0	96.0	27.0	28.0	11.0	13.0	23.0	37.0	48.0	43.0	
% who said completely false	30.3	31.0	30.7	33.3	18.0	24.5	29.1	25.9	37.8	29.3	

Chi-Square

5.182

6.632

8.611

Table 20. Responses to question 20 : Diseases are due to the malfunction of certain organ systems in our bodies, which in most cases can be explained by science. This is:

Answer	AGE			TRIBES				HOMETOWN		
	Total	Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Absolutely true	318.0	217.0	74.0	53.0	43.0	32.0	52.0	111.0	93.0	99.0
% who said absolutely true	72.3	69.3	81.3	67.1	71.7	64.0	75.4	77.1	72.7	66.0
Partially true	107.0	88.0	12.0	25.0	15.0	16.0	14.0	29.0	31.0	44.0
% who said partially true	24.3	28.1	13.2	31.6	25.0	32.0	20.3	20.1	24.2	29.3
Completely false	15.5	8.0	5.0	1.0	2.0	2.0	3.0	4.0	4.0	7.0
% who said completely false	3.4	2.6	5.5	1.3	3.3	4.0	4.3	2.8	3.1	4.7

Chi-Square

9.646

7.204

4.642

*

p > 0.05

Table 21. Responses to question 21 : It is true that medical science can explain most of human diseases, but sometimes things happen that overwhelm even the medical doctors; at this time it is only the traditional healers (Ujumen and fetish priests) who are capable of understanding what has happened and therefore the only ones that can be of help. This is:

Answer	AGE			TRIBES				HOMETOWN		
	Total	Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Absolutely true	87.0	50.0	21.0	13.0	11.0	12.0	16.0	27.0	26.0	29.0
% who said absolutely true	20.0	16.3	22.8	16.0	17.7	22.2	20.0	18.9	20.8	19.5
Partially true	246.0	184.0	46.0	51.0	35.0	29.0	42.0	74.0	74.0	88.0
% who said partially true	56.4	59.9	50.0	63.0	56.5	53.7	52.5	51.7	59.2	59.1
Completely false	103.0	73.0	25.0	17.0	16.0	13.0	22.0	42.0	25.0	32.0
% who said completely false	23.6	23.8	27.2	21.0	25.8	24.1	27.5	29.4	20.0	21.5

Chi-Square

3.245

2.404

4.000

Table 22. Responses to question 22 : People who are envious of you or who hate you can cause harm by asking the evil spirits to work on you. This is:

Answer	AGE			TRIBES				HOMETOWN		
	Total	Young	Old	Ashanti	Fante	Ewe	Ga	Large	Medium	Small
Absolutely true	66.0	35.0	22.0	9.0	13.0	7.0	15.0	28.0	15.0	20.0
% who said absolutely true	15.1	11.0	24.0	10.0	21.0	13.0	18.8	19.4	11.9	13.4
Partially true	222.0	164.0	40.0	43.0	25.0	31.0	43.0	73.0	59.0	81.0
% who said partially true	50.7	52.9	44.0	57.8	40.3	57.4	53.8	50.7	46.8	54.4
Completely false	150.0	111.0	29.0	31.0	24.0	16.0	22.0	43.0	52.0	48.0
% who said completely false	34.2	35.8	31.9	37.3	38.7	29.6	27.5	29.9	41.3	32.2

Chi-Square

9.637

6.991

6.515

*

 $p > 0.05$

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